

I. Interest Area:					
Organization and Unit Administration					
A. Internal Control Review/Audit					
Point of Interest	Reference	Yes	No	N/A	Remarks
1. If a separate Organization and Function Supplement to MEDCOM is necessary to reflect mission unique functions is it published IAW AR 25-30 and forwarded to MEDCOM (MCRM-M) for approval (before publication)?	MEDCOM Reg 10-1 para 1-8;				
2. Has the Commander assumed command in writing? Have acting commanders assumed the command in writing?	AR 600-20; AR 25-50				
3. Has commander delegated his signature authority in writing? Has the Commander met requirement to file a Confidential Financial Disclosure Form (OGE 450).	AR 25-50, para 7-1; Title 5, Code of Federal Regulations, Section 2634.904; DOD 5500.7R, Aug 93.				
4. Is the Executive Officer (MSC) correctly utilized and reflected (appointed) as Dental Company Commander and noted on the TDA?	MEDCOM Reg 10-1; AR 600-20; AR 25-50				
5. Are all military dental personnel assigned to the Dental Company/Detachment?	MEDCOM Reg 10-1				
6. Does the unit have a PT Program? Is there written guidance outlining Local Implementation?	AR 350-41, para 9; FM 21-20				
7. Is RDC/DENTAC administrative guidance published in correct format (supplement, regulation, etc.)?	MEDCOM PAM 25-30; AR25-30, I01 & I02				
8. Does the RDC/DENTAC/ADL have a CPO Servicing Agreement?	AR 690-200, para 254				
9. Does the DENTAC have an awards program?	para 254 AR 600-8-22 All Ranks Personnel Update #15				
10. Are recommendations for military awards made via appropriate channels?	HSC Suppl 1 to AR600-8-22; All Rank Personnel Update #15				
11. Does the DENTAC/ADL/RDC have an Alcohol and Drug Abuse Program?	AR 600-85, para 1-6, I01 & I02				
12. Does the unit conduct a Command Information Program?	AR 360-81 (Under revision) para 1-7, 2-5; HSC Suppl 1 to AR 360-81				
13. Are MEDCOM CG Bulletins and policy letters available to all personnel?	AR 360-81 (Under revision)				
14. Has the Commander attended a labor-management relations course? Have supervisors (OIC & NCOICs) completed Phase I and II of the Civilian Supervisor's Course offered by CPAC/CPOC?	AR 690-700 (I01-I011) para 711, Supchapter 203.				
15. Does DENTAC have its own Program Budget Advisory Committee (PBAC)? Are minutes on file? Does the DENTAC PBAC meet at least quarterly?	HSC Reg 15-5				
16. Does the DENTAC have its own pinpoint distribution account? Is it updated annually (DA Form 12 Series)?	AR 25-30, I01-I02, para 12				
17. Are Management Control Evaluation Checklists being used? Is there follow-up documentation for material weaknesses that are identified?	AR 11-2 para 2-5;				

Point of Interest	Reference	Yes	No	N/A	Remarks
18. Are audit resolution and follow-up responsibilities written in appropriate Officer Evaluation Report or Civilian Performance Plan? (DENTAC Commander and XO as a minimum.)	AR 36-2 para 1-4.h				
19. Are SIR (Serious Incident Reports) correctly submitted if required? Category 4 incidents are mentioned in HSC Suppl 1 to AR 190-40.	AR 190-40; HSC suppl 1 to AR 190-40; MEDCOM Pam 385-5, 1 Apr 97; MEDCOM Pam 385-6, 1 Apr 97				
20. Is there a representative of the Department of Dentistry on the Pharmacy and Therapeutic Agents committee?	AR 40-2, I01 para 7-5 (b)				
B. Off-Duty employment					
21. Are any AMEDD military personnel engaged in off-duty employment? Has the Commander approved employment? Are yearly statements of current off-duty employment status completed and on file for all AMEDD personnel? Negative statements are required. Is the Commander following the directives of DOD 5500.7R Aug 93 for officer and privileged civilian personnel?	AR 40-68, para 4; DoD Directive 5500.7R; AR 40-1, I01-I04; DENCOM Policy-Off Duty Employment FY 98				
22. If called to testify as an expert witness during litigation involving patients, has approval been sought from the Staff Judge Advocate or Litigation Division?	AR 27-40, para 7-10, para 7-13				
23. Does the unit have an Organizational History File 870-5a? Included are:	AR 25-400-2 (Table B 114); AR 870-5, para 6 (Under revision)				
a. Unit history and annual supplements.					
b. Data on organizational flags.					
c. Newspaper, book, and magazine clippings.					
d. Unframed photographs, pictures, letters, certificates relating to historical ceremonies and organizational traditions.					
e. Names and social security numbers of all commanders and dates of changes of assumption of command.					
24. Is there a unit guidon?	AR 840-10, para 6, I01-I07				
25. Is wear and appearance of Army uniforms and insignia within current guidelines?	AR 670-1				
26. Do enlisted personnel have access to the unit commander? (Open door policy)	AR 600-20, para 2				
I. Interest Area:					
Organization and Unit Administration					
C. PERSONNEL REGISTER					
a. Are instructions for signing in and out posted in the vicinity of the registers?	DA Pam 600-8 para 9-11				
b. Did personnel sign in or out on PCS on DA Form 647 as required?	DA Pam 600-8 para 9-11				
c. Has the Commander designated where the Register will be located during and after duty hours?	DA Pam 600-8 para 9-11				
d. Were the personnel registers closed out on the lines immediately after the last entries?	DA Pam 600-8, para 9-11				
e. Were DA Forms 647 (647-1; use only when mailed from an outlying unit) filled out properly?	DA Pam 600-8				
f. Are completed DA Forms 647 filed under 680-1a and retained for 6 months?	DA Pam 600-8;				
D. LEAVE	AR 25-400-2 File Number (FN) 680-1a				
28. LEAVE					

Point of Interest	Reference	Yes	No	N/A	Remarks
a. Has the Commander established an annual leave program?	AR 600-8-10;				
b. If leave is disapproved was block 30 of DA 31 annotated stating reason for disapproval by supervisor or leave authenticating authority?	All Ranks Personnel Update #15 (Leaves and Passes);				
c. Are counseling statements on file for personnel with excess of 60 days accrued leave, who refuse to take annual leave on command annual leave programs?	DA PAM 600-8				
d. Was DA Form 4179-R (Leave Control Log) being maintained?					
e. Was soldier counseled to have block 26 (Part II, DA Form 31) completed at servicing stations/ organizations, when leave is granted in conjunction with TDY/PCS or accession move?					
f. Are control numbers being assigned and logged?					
g. Are suspense copies of the DA Forms 31 being sent to MILPO upon approval of leave using a transmittal memorandum?					
h. Are the original copies of DA Forms 31 being sent to Finance and Accounting Officer (FAO) within 72 hours of completion of leave via a transmittal memorandum?					
i. Are Leave Control Logs (DA Form 4179-R) being filed and retained on FY file for the required period of 12 months?					
j. Were original copies of DA Forms 31 which were marked void forwarded through the MILPO via unit transmittal letter (UTL) to the servicing Finance and Accounting Officer within 72 hours?					
k. Has authenticating authority been delegated in writing for DA Form 31?					
l. Does the Commander approve leave before the control number is assigned?					
m. Are all DA Form 31s receiving a control number?					
n. When the automated leave control log is being used is the automated log transferred to another working disk NLT the next day?					
o. Is proper notification being sent to Finance and Accounting Office (F&A) on leave extensions?					
p. Are organizational copies of DA Form 31 on file and maintained properly for the required retention period of 6 months?					
q. Are memoranda of transmittal (UTM) filed?Are they retained for 60 days?					
r. Is leave being taken in conjunction with passes?					
E. SUSPENSION OF FAVORABLE PERSONNEL ACTIONS	AR 600-8-2, I01; (Included in All Ranks Personnel Handbook Update #15); AR 25-400-2				
29. SUSPENSION OF FAVORABLE PERSONNEL ACTIONS FLAGS)					
a. Were DA Forms 268 and all related correspondence pertaining thereto retained 90 days from the date of the closed DA Form268 in restricted access files and then destroyed? (Except DA Form 268 pertaining to personnel who were on the Weight Control Program.)					
b. Do applications for attendance at civil or military schooling contain the following: "This action is not in contravention of AR 600-8-2" or "AR 600-8-2 applies?"					
c. Were DA Forms 268 initiated when required?					
d. Is proper distribution being made of DA Form 268?					
e. Did item 17, DA Form 268, reflect that the member was given a copy of the report either in person or by mail; or if the member was not given a copy, did item 17 state the reason?					

Point of Interest	Reference	Yes	No	N/A	Remarks
f. Were separate reports submitted on each suspension?	AR 600-8-2, para 2-1				
g. Were final reports submitted immediately after actions were completed?					
h. Was DA Form 268 properly completed?	AR 600-8-2, (Fig 2-1)				
i. Has the legal clerk submitted a SIDPERS flag transaction to initiate a flag in the data base?	AR 600-8-2, para 2-2				
j. Has a copy of the C95 report been reviewed and forwarded to HQ MEDCOM?	AR 600-8-2, para 2-3				
k. Has the unit commander reviewed current status of the flag?	AR 600-8-2, para 2-3				
l. If the soldier is promotable, has the promotions work center been notified?	AR 600-8-2, para 2-2				
F. DUTY ROSTER					
30. DUTY ROSTER	AR 220-45				
a. Were all individuals normally eligible for duty included on the duty roster?					
b. Are soldiers listed alphabetically by grade?					
c. Are individuals given credit for authorized absences and are these annotated IAW DA guidances?					
d. Are dates being carried forward correctly?					
e. Are duty rosters being filed IAW AR 25-400-2 prescribed regulation? Destroy 3 months after last entry.	AR 25-400-2, FN 1ee, Table B-1 File Category 1; AR 220-45				
f. Were duty rosters posted properly?					
g. Is the "TO" date entered when roster is closed?					
h. Is DA Form A 1594 (Daily Staff Journal or Duty Officer's Log (if required) filed under file FN 1d (Duty Reports)?	AR 25-400-2, Table B-1, File Category 1				
G. PROMOTIONS					
31. PROMOTIONS (DENTACs with SGM authorized and assigned are permitted to have their own promotion boards.	AR 600-8-19, para 3-16; MEDCOM Reg 10-1, para 2, para 4				
a. Are Promotion Selection Boards being held as appropriate? Monthly, when personnel are recommended.	AR 600-8-19 para 3-13,3- 14; Enlisted Ranks Personnel Update #16;				
b. Have board members been appointed, and are appointments on file?	AR 600-8-19, para 3-16; Enlisted Ranks Personnel Update #16				
c. Were female representatives appointed as board members when female enlisted personnel were being considered?	Enlisted Ranks Personnel Update #16 (AR 600-200 para 7-19 Under revision)				
d. Are minority group personnel appointed as voting members of promotion boards? (Females are not considered a minority.)	AR 600-8-19, para 3-16; Enlisted Ranks Personnel Update #16				
e. Are records of proceedings signed by the president of the board?	AR 600-8-19 para 3-18; Enlisted Ranks Personnel Update #16				
f. Were the board recorders qualified in military personnel procedures? (Indication: Look at MOS of recorders; should be 71L or 75B.)	AR 600-8-19, para 3-18; Enlisted Ranks Personnel Update #16				
g. Was the recommended list for promotion current and on file and IAW AR 25-400-2?	AR 600-8-19, para 3-13, 3-14; Enlisted Ranks Personnel Update #16				
h. Is the order of merit signed by the president of the board?	AR 600-8-19, para 3-13, 3-14; Enlisted Ranks personnel Update #16; AR 614-200				

Point of Interest	Reference	Yes	No	N/A	Remarks
i. Does unit personnel section maintain files (to monitor advancement to E-2, E-3, and E-4) of rosters and printouts. Does unit personnel have a system to notify Commander of eligible personnel for promotion?	AR 600-8-19 para 3-12				
j. Were recommendations for promotion to E-5 and E-6 processed through the unit Commander? For individual recommended, has the recommending official indicated on informal memorandum that the soldier recommended meets the promotion criteria and that he/she understands the soldier may be required to change duty position, and that he/she is willing to release the soldier upon promotion?	AR 600-8-19, para 3-12; AR 25-50				
k. If the recommendation, including waiver, is disapproved, was it returned through channels to the recommending officials with the reason for disapproval clearly and concisely stated? Has the soldier, who is not recommended for promotion attested in writing that he/she has been counseled and advised of the reason for disapproval? (This only pertains to members in primary zone of consideration.)	AR 600-8-19, para 3-12, 3-13				
l. Is the individual advised of the disapproval by the recommending official? Are areas of deficiencies pointed out, and are means of improving performance suggested to the individual?	AR 600-8-19, para 3-12				
m. For individuals not recommended by a local promotion board, does DA Form 3355-R, 56-R or 57-R reflect the date of counseling? NOTE: The soldier and recommending official will affix their initials following the notation indicating that counseling has been accomplished. check DENTAC written guidelines.	AR 600-8-19, para 3-18				
n. Are board proceedings and a copy of current recommended list forwarded to the gaining unit upon reassignment prior to promotion of E-5, and E-6?	AR 600-8-19, para 3-19				
o. Is the original report of proceedings (DA Form 3356 and DA Form 3357) filed by the promotion authority for 2 years and then destroyed?	AR 600-8-19 para 3-18; I01-I03				
p. Is AR 600-8-19 and AR 614-200 (contained in Enlisted Ranks Personnel Update #16) on hand or on order?					
q. Are fully eligible personnel being promoted to PV2/CPL?	AR 600-8-19, para 2				
r. Are copies of the SGT/SPC(P) standing list posted to section bulletin boards?					
s. Is the Commander and Senior Dental NCO allowing soldiers to perform to their fullest abilities on APFT tests and weapons qualifications?					
H. ENLISTED EVALUATION SYSTEM/OFFICER EVALUATION SYSTEM					
32. ENLISTED/OFFICER EVALUATION SYSTEMS	AR 623-205;AR 623-105;				
a. Does unit personnel maintain an up-to-date rating scheme?	DA PAM 623-205; DA PAM 623-105;				
b. Has the Personnel Division established controls to return NCOER/OER to the MILPO by established suspense date?	AR 623-105;AR 623-205				
c. Is each member of the unit aware of who his/her rater and indorser are or, when applicable, who he must rate?	DA PAM 623-105;AR 623-105 para 1-9				
d. Have controls been established by commanders to insure that:	AR 623-205				
(1) Each rater, senior rater, and reviewer receives instructions on the contents of AR 623-205, AR 623-105, DA PAM 623-105and DA PAM 623-205.	AR 623-105;DA PAM 623-205;DA PAM 623-105				
(2) The identity of each soldier's rater, senior rater, and reviewer is made known to soldier through publication and posting of an official rating scheme within the unit of assignment? The rating scheme may be posted by name or duty position. The rating scheme should include personnel in pay grade E-5 and above.					

Point of Interest	Reference	Yes	No	N/A	Remarks
(3) Is initial counseling documented for all NCOs within 30 days of beginning of rating period and quarterly thereafter?	DA PAM 623-205				
e. Does the rated soldier receive a copy of his/her NCOER? (In addition, for E-5, a copy of the report will be filed in the "action pending" section of the MPRS and destroyed upon promotion to E-6.)					
f. Is a copy of AR 623-105 (OERs) and AR 623-205 (NCOERs) on hand or on order?					
g. Are the rating schemes established in accordance with DENCOM guidance?	DENCOM Operational Guidenace Memo #3 - Rating Schemes dated 11 Feb 1994; Supplement to Operational Guidance Memo #3 Rating Schemes dated 14 Aug 95.				
h. Has the rater discussed the scope of the rated officer's duties with him or her within 30 days after the beginning of the rating period?	AR 623-105, para 2-11h.				
I. UTILIZATION OF ENLISTED PERSONNEL					
33. UTILIZATION OF ENLISTED PERSONNEL	AR 600-200, para 304 (under revision) Enlisted ranks personnel update #16; AR 600-8-19				
a. Are all Selective Reenlistment Bonus/Enlisted Bonus soldiers working in their Military Occupational Specialty (MOS) or Primary Military Occupational Specialty (PMOS) or Career Progression Military Occupational Specialty (CPMOS)?					
b. Are soldiers working in PMOS, SMOS, or substitutable MOS?	AR 614-200				
c. Were soldiers identified on UMR as reassignable, overstrength, or surplus in POSN 9990 or 9991, respectively?	DA PAM 600-8-1, I01-I02				
J. FAMILY CARE PLANS					
34. FAMILY CARE PLANS					
a. Have pregnant soldiers been counseled by commander or designated counselor? Commander must be approving authority. Have pregnant enlisted members signed the Statement of Counseling IAW procedure 9-6, DA Pamphlet 600-8?(Use DA Form 5304-R and 5305-R). Has a family care plan been approved NLT 90 days prior to the expected date of birth?	AR 635-200, Fig 8-1; Enlsited Ranks Personnel Update #16; AR 601-280; AR 600-20;				
b. Have all sole parents or Army married couples submitted a Family Care Plan (FCP) 45 days after having been counseled? Has FCP been approved by the special courts-martial activity if disapproved by local Commander. (NOTE: GCM authority can disapprove FCP.)	DA PAM 600-8, para 9-10; Enlisted Ranks Personnel Update #16; AR 614-200; AR 614-30; AR 600-20				
K. REENLISTMENT ACTIVITIES/RECRUITMENT					
a. Do company commanders maintain monthly, quarterly and fiscal year reenlistment statistics?	AR 601-280, para 2-2(h)				
b. Do company commanders inspect the Reenlistment Data Card file on a monthly basis?	AR 601-280, para 2-2(h)(3)				
c. What Reenlistment Incentive Program does the unit have? Has the program been announced by letter, dated, and signed by the current unit commander?	AR 601-280, para 202(h)(3); & para 202(h)(4)				

Point of Interest	Reference	Yes	No	N/A	Remarks
d. Does the Primary Duty Retention NCO (79D) conduct monthly, quarterly, and FY statistics for the commander?	AR 601-280, para 2-2(l)(2)				
e. Is there a DA Form 1315 (Records of Inspections) for all soldiers in the rank of SSG and below.	AR 601-280, para 2-2(l)(3)				
f. Does the MILPO prepare the DA Form 1315 and forward it to the unit within 15 days from the date of assignment?	DA Pam 600-8, para 9-20.K1 & 2				
g. Are all entries in pencil and legibly recorded.	AR 601-280 para 11-4 (a)(2)				
h. Are all interviews being conducted as prescribed by appendix C?	AR 601-280, para 11-4				
i. Are DA 1315 cards being maintained by the DENTAC/ADL/RDC reenlistment NCO?	AR 601-280, para 11-3; para 11-4				
j. Have soldiers (enlisted and officers) been counseled on reserve opportunities prior to separation from active duty?(Officer Counseling Program)	AR 601-280; MEDCOM Cir 601-1, 27 Jun 97				
k. Has a Recruitment Training Officer (RTO) been assigned for each RDC and/or DENTAC?					
L. WEIGHT CONTROL PROGRAM					
36. WEIGHT CONTROL PROGRAM					
a. Does the unit have a weight control program/SOP?	AR 600-9, para 17; All Ranks Personnel Updated #15, 1 Oct 90				
b. Are all personnel weighed in when they take the Army Physical Fitness Test or at least every 6 months?	AR 600-9, para 20; All Ranks Personnel Updated #15, 1 Oct 90				
c. Has body fat composition been determined for personnel whose weight exceeds the screening table weight?	AR 600-9, para 20; All Ranks Personnel Updated #15, 1 Oct 90				
d. Was medical evaluation requested when the soldier has a medical limitation or is pregnant, or when requested by the unit commander? If health care personnel discover no underlying cause and the individual is classified as overweight the individual will be enlisted in a weight control program.	AR 600-9, para 21e; All Ranks Personnel Update #15, 1 Oct 90				
e. Has a suspension of favorable personnel actions been initiated for individuals enlisted in a weight control program?	AR 600-9, para 21e; All Ranks Personnel Update #15, 1 Oct 90				
NOTE: File 600-9 maintained at unit level, disposition IAW AR 25-400-2					
f. If there was no weight loss for any two consecutive monthly weigh-ins were personnel counseled regarding their unsatisfactory progress and that they are subject to separation?	AR 600-9, para 21(e) (2) (b); All Ranks Personnel Update #15, 1 Oct 90				
g. If there was no significant progress after 6 months and no underlying medical cause to impede weight loss, has the Commander or supervisor informed the individual in writing that initiation of separation proceedings will be considered?	AR 600-9, para 21(j); All Ranks Personnel Update #15, 1 Oct 90				
h. Upon entry into the weight control program, are soldiers also entered into a mandatory exercise program?	AR 600-9, para 20(b)(2); All Ranks Personnel Update #15, 1 Oct 90				
M. CORRESPONDENCE					
37. CORRESPONDENCE:					
a. Are memoranda being used for military purposes only?	AR 25-50				

Point of Interest	Reference	Yes	No	N/A	Remarks
b. Are coordination actions being accomplished by the most informal method possible?	AR 25-50, para 1-8				
c. Are replies to non-suspense correspondence being completed within 15 working days or within the limit specified by the agency or command, whichever is sooner?	AR 25-50, para 1-9.2				
d. Is DA Form 209 being used for acknowledgement of receipt for unclassified records when required?	AR 25-50, para 1-9.4				
e. Is DA Forms 200 (Transmittal Record) being used to provide information not contained in document being sent?	AR 25-50, para 1-17				
f. Are only abbreviations authorized in AR 25-50 for military correspondence and those contained in standard dictionaries being used?	AR 25-50, para 1-21; AR 310-50 (Authorized Abbreviations and Codes)				
g. Are military acronyms being used in correspondence outside of the DOD? They should not be used outside DOD.	AR 25-50, para 1-22				
h. Are acronyms spelled out completely when used for the first time with the acronyms following in parentheses?	AR 25-50, para 1-22				
i. Are acronyms being used to start a sentence? (They should not be used to start a sentence.)	AR 25-50, para 1-22				
j. Are courtesy copies being furnished to accompany the original correspondence when a reply is expected?	AR 25-50, para 1-22				
k. Has the official record copy been marked "record/file copy" along the edge of the right margin?	AR 25-50, para 7.3(d)				
l. When correspondence is to be signed by another office, was the record file copy attached for signature above the signature block and dated?	AR 25-50, para 1-28(b)(2)				
m. Has writer identification been identified on all correspondence? This will include rank, name and phone number (DSN or commercial number).	AR 25-50, para 1-30 (I01-I02)				
n. Are envelopes and correspondence being addressed as prescribed in AR 25-1, AR 25- 50 and AR 25-51.	AR 25-50, para 6; AR 25-51; AR 25-1				
o. Are references listed in the first paragraph in order they appear in the text of the correspondence?	AR 25-50, para 1-36				
p. Are references listed properly as required by AR 25-50?	AR 25-50, para 1-36				
q. Are pages and paragraphs numbered correctly?	AR 25-50, para 1-41, para 2, 3, para 1-42				
r. Has the commander developed a correspondence quality control program? Are correspondence spot checks documented?					
s. Are all dates on official military correspondence being expressed in day, month, and year on one line?	AR 25-50, para 1-32				
t. Is identification of each enclosure or attachment in the lower right corner of the first page?	AR 25-50, para 1-45				
u. Has the commander delegated his/her signature authority outside of principal staff in writing with an explanation of material they can sign for?	AR 25-30, para 7-2				
N. PUBLICATIONS					
38. PUBLICATIONS					
a. Are rescinded or obsolete publications removed from the files and destroyed?	AR 25-30, I01-I)2 (Update) MEDCOM PAM 25-30, para 7.h				

Point of Interest	Reference	Yes	No	N/A	Remarks
b. Is black lead pencil being used for posting?	DA PAM 25-40				
c. Are change numbers and date of change posted to front cover of the basic publication?	DA PAM 25-40				
d. Is the word "posted", the date, and initials of the person completing the posting on the change instruction sheet?	DA PAM 25-40				
e. Are reference publications maintained on a need-to-know basis?	AR 25-30 (Update) para 12-7 & para 12-8				
f. Are applicable regulations (AR-PAM-CIR-MEDCOM/HSC), etc on file or requisition?	AR 25-30 (Update) para 12-7 & para 12-8				
g. Are MEDCOM and local supplements filed with the supplemented Army regulation?					
h. Are copies of the current subscription forms/printout (DA 12 series) on file and periodic reviews conducted?	AR 25-30 (Update) para 12-10				
O. FILES					
39. FILES					
a. Are deviation from disposition instructions that extend the prescribed retention period approved? Are approved instructions on file label of folder?	AR 25-400-2, para 6-2f; I01 para 7-4				
b. Are all folders and record containers labeled?	AR 25-400-2, para 6-2				
c. Are file numbers being entered on documents at the time of creation, or prior to filing of the documents?	AR 25-400-2, para 6-2				
d. Are file numbers placed on non-military correspondence prior to filing?	AR 25-400-2, para 5-4				
e. Are files with specific number of years cutoff at the end of the year?	AR 25-400-2, para 7-2				
f. Are files with continuing type disposition not cut off but purged instead?	AR 25-400-2, para 7-2				
g. Are SF 135 and SF 135-A being used to transfer records?	AR 25-400-2, para 9-4				
h. Are records received for file complete with unnecessary material eliminated?	AR 25-400, para 5				
i. Are selected file numbers list maintained on MEDCOM Form 250-R, or prepared electronically following format of HSC Form 250-R under file number 25-400-2c, or in front of the first cabinet drawer?	HSC Supplement 1 to AR 25-400-2, para 5-13c				
j. Is AR 25-400-2 on hand or on order?	AR 25-400-2				
P. MEAL CARDS					
40. MEAL CARD MANAGEMENT					
a. Has the Commander designated in writing a commissioned officer, warrant officer, senior non-commissioned officer (E-7 or above) or civilian (GS-9 or above) as the meal card control officer (MCCO) for all Meal Cards (DD Form 714)?	AR 600-38, para 2-3				
b. Has the MCCO developed and published procedures to accomplish meal card management?	AR 600-38 para 2-2				
c. What system is in place to ensure prompt (immediate) issuance of meal cards to newly assigned/attached personnel and the turn in of meal cards when subsistence-in-kind (SIK) is not authorized?	AR 600-38 para 2-2.c.(1); & para 2-3				
d. Has the MCCO returned meal card control books and associated records to the meal card control book control officer (BCO) within 5 duty days following the time last card in book is recorded as inactive, lost, stolen or destroyed?	AR 600-38 para 2-6.d.				
e. Have meal card verification checks been accomplished using Meal Card Verification Form (DA Form 4550-R) and filed IAW AR 25-400-2, file #600-38?	AR 600-38 para 5-1a; AR 25-400-2				

Point of Interest	Reference	Yes	No	N/A	Remarks
f. Has MCCO provided an annual written status report on the number of valid cards per book issued and/or still in book, to include the total number of issued and unissued cards in the unit? It will also include, by card number, the number of cards reported lost, stolen, and destroyed. Was the annual report initiated as of 31 December each year?	AR 600-38 para 3-8.c.(5)				
g. Has the MCCO requested replacement meal card control books using DA Form 410? or DA Form 3161 if mailed?	AR 600-38 para 3-4				
h. Upon change of the MCCO/BCO has the vacating officer prepared a memo in four copies IAW AR 600-38, para 3-4(3)a-g and distributed and filed IAW AR 25-400-2?	AR 600-38 para 3-6.b.(2)				
i. Has the MCCO maintained card control registers DA Form 4809-R in three ring binders IAW AR 600-38 and AR 25-400-2?	AR 600-38 para 3-6a(1)				
j. Are the appointment orders of the current and previous MCCO filed in front of the first binder?	AR 600-38 para 3-6a(3)				
k. Does the first binder contain DA Form 410 and/or DA Form 3161 if applicable?	AR 600-38 para 306a(4)				
l. Does the binder contain a separate section for each card book. Is the DA Form 4809R maintained alphabetically, by soldiers' last name for meal cards issued on a permanent basis?	AR 600-38 para 3-6a(5)				
m. Are temporary meal cards maintained numerically in the meal card control binders?	AR 600-38 para 3-6b(2)				
n. Are the inactive meal card control binders maintained separately from each meal card control book and contain all closed out DA Form 4809R in card number sequence?	AR 600-38 para 3-6				
o. Has the unit conducted meal card verification checks using DA Form 4550-Rand has the completed form been forwarded to MCCO for filing IAW AR 25-400-2 for units 50 or more per day based on a 10-day headcount? (Frequency depending on count for each meal)	AR 600-38 para 5-1.b(1)				
p. Has written notification been given to MCCO when there is a change in the status of enlisted soldiers' entitlement from SIK to BAS?	AR 600-38				
Q. COMMAND INSPECTION PROGRAM					
41. Command Inspection Program:					
a. Has a Command Inspection Program (CIP) been implemented?	AR 1-201				
b. Does the CIP include a formal schedule of inspections? Is the schedule and topics of inspection posted on unit bulletin boards?					
c. Does the CIP include mechanisms for feedback to identify strengths as well as weaknesses? Is teaching an element of the inspection?	AR 1-201 para 2-2i & 1				
d. Does the CIP schedule include follow up evaluations of previous inspections?	AR 1-201, para 3-3c				
e. Does the commander participate in the CIP? (At a minimum, the commander must be present during a portion of the inspection as a participant.) Does the commander provide an assessment upon completion?	AR 1-201, para 3-3a & b(3)				
f. Is there an annual review of the CIP to determine that the frequency, scope, and duration of inspections remain appropriate and specific inspection requirements remain valid?	AR 1-201, para 1-4c(3)				

Point of Interest	Reference	Yes	No	N/A	Remarks
g. Does the CIP include the commander's inspection of all clinics and services within the DENTAC?					
h. Is QA included in the CIP?	AR 40-68, para 3-1c				
i. New Detachment and Company Commanders will receive an initial command inspection from their rater within 90 days of assuming command.	AR 1-201, para 3-3b(1)				
42. Are affiliation agreements current and in the proper format? Are requests for approval sent through Medical Command Dental Command (MCDS) to Medical Command Resource Management-management Div (MCRM-M) and were appropriate, documents signed by both head of educational institution and commander?	DENCOM Policy-Training Affiliations FY 98; AR 351-3				
43. Are gratuitous agreements approved by local Purchasing and Contracting (P&C) and forwarded to MEDCOM, MCRM-M?	AR 351-3				
44. Are Civilian Performance Counseling Checklists completed and on file for all civilian employees GS8 and below assigned to a position 120 days or more? Recorded, communicated and reviewed periodically? Progress review required at mid-point.	AR 690-400, Under Revision)				
45. Are Senior Civilian Evaluation Report Support Form DA Form 7222-1 and Senior System Civilian Evaluation Report DA Form 7222 used for civilian employees GS9 and above?	AR 690-400				
46. When required, have personnel with added duties been correctly appointed? Is the authority quoted? Examples:	AR 40-61; MEDCOM Pam 700-1				
a. Precious Metals Coordinator and Alternate (DENTACs, ADL)	AR 40-61; MEDCOM Pam 700-1				
Precious Metals Monitor and Alternate -(Clinics, Lab)	AR 755-3				
b. Director of Dental Education	AR 351-3, para 5-11				
c. Forensic Dental Officer	DENCOM Policy - Forensic Dentistry FY 98				
47. Is the Commander the Deputy Chairman of the Consumer Health Committee?	AR 40-2, (I01-I02)				
48. Are hours worked by civilian personnel duly compensated?	Fair Labor Standards Act				
R. EEO					
49. EQUAL EMPLOYMENT OPPORTUNITY (EEO) PROGRAM					
a. Is the unit chain of command aware of their Equal Employment Opportunity responsibilities?	AR 690-12, para 1-4e				
b. Are the Equal Employment Opportunity Counselors appointed on orders? Are these individuals fully indoctrinated by the EEO Officer (or servicing EEO Officer) on their duties and responsibilities?	AR 690-600				
c. Has an EEO Committee been established for the installation/MEDCEN/MEDDAC? Does the committee include dental unit representation?	AR 690-600; AR 690-12 para 1-7.i & para 2-2.d.				
d. Has the commander established a system for assessing and reporting the status of EEO activities throughout the unit?	AR 690-600; AR 690-12				
e. Are the following items current and prominently displayed on official bulletin boards in the unit?	AR 690-12 para 1-7.b.;AR 600-20 para 6-2.g.(7)I04				
(1) MEDCOM and DENTAC/RDC/ADL Commander's Policy Statement on Equal Employment Opportunity and Affirmative Employment.	DENCOM Policy- Equal Opportunity, FY 98				
(2) MEDCOM and DENTAC/RDC/ADL Commander's Policy Statement on the Prevention of Sexual Harassment.	AR 690-12; DENCOM Policy - Sexual Harrassment FY 98				

Point of Interest	Reference	Yes	No	N/A	Remarks
(3) Procedures for processing complaints of discrimination from civilian employees and applicants for employment in DENTAC/RDC/ADL.	AR 690-600				
(4) Poster identifying EEO officials and EEO Counselors by name, work location, and telephone number. (provided by servicing EEO Office)	AR 690-12 para 1-7.j.				
f. Has the servicing EEO Officer developed a Multi-Year Affirmative Employment Program Plan that includes DENTAC/RDC/ADL requirements?	AR 690-12 para 1-4.f.				
g. Has an annual Accomplishment Report and Command Update of the Affirmative Action Program Plan that includes unit requirements been developed?	AR 690-12 para 2-3.d.				
h. Have newly assigned managers and supervisors received training and orientation concerning their EEO responsibilities?	AR 690-12; AR 690-600; AR 600-7, para 1-7 and para 1-8				
i. Have Commanders, Managers, Supervisors, and Civilian employees received the DA approved training in the Prevention of Sexual Harassment?	AR 600-20 para 6-14.b.				
j. Has the unit conducted or participated in ethnic observances and celebrations throughout the year to honor and recognize all personnel to include minorities and women?	AR 600-20 para 6-20				
k. Has a Plan for the Prevention of Sexual Harassment in the work force been developed by the servicing EEO Office to include unit activities?	AR 690-12 para 1-7.h. & para 1-6.b.				
l. Are employees informed and do they feel free to use the Complaints Processing System without fear of reprisal, restraint, interference, or coercion?					
m. Are supervisors and employees aware of their responsibilities with respect to employment of individuals with disabilities?	AR 690-12, para 5; AR 600-7, para 2-4				
n. Are commanders and supervisors aware of procedures to provide equal services to individuals physically challenged (i.e., hearing impaired, sight impaired, speech impaired, mobility impaired)?	AR 690-12, para 5-6; AR 600-7, para 3				
S. EO					
50. EQUAL OPPORTUNITY (EO) PROGRAM (MILITARY)					
a. Leader Involvement					
Focus: Commander's responsibility for a positive EO climate and leader accountability for program implementation and effectiveness					
(1) Has the Commander established a system for assessing the EO climate of the unit within 90 days of assuming command and annually thereafter?	(I04) para 6-2.h. to AR 600-20;				
(2) Is the chain of command aware of their EO responsibilities?	(I04) para 6-2.g. & para 6-5 to AR 600-20				
(3) Has the commander issued policy statements addressing Equal Opportunity, Prevention of Sexual Harassment, and Complaints Procedures?	(I04) para 6-2g(7) to AR 600-20; DENCOM Policy-Sexual Harassment & Equal Opportunity FY 98				
(4) Is the chain of command conducting and participating in EO training?	(I04) para 6-14 & para 6-14a(3) to AR 600-20				
b. Staffing					
(1) Are Equal Opportunity Advisor(EOA) positions at all RDC level and above units documented on unit manning authorization documents?	(I04) para 6-6a to AR 600-20				
(2) Do those units without a dedicated EOA have Service Support Agreements for EO program support?	(I04) para 6-2e(3) to AR 600-20				

Point of Interest	Reference	Yes	No	N/A	Remarks
(3) Does each unit below RDC level have at least one school trained Equal Opportunity Representative (EOR) appointed on orders?	(I04) para 6-6.f. to AR 600-20				
(4) Do dedicated or supporting EOAs have access to the commander and considered part of the commander's staff?	(I04) para 6-6.c.to AR 600-20				
(5) Are EOAs and EORs fully indoctrinated on his/her duties, responsibilities, and commander's expectations?	(I04) para 6-6.e. & f. to AR 600-20				
c. Training					
Focus: All assigned soldiers and civilian supervisors receive appropriate EO training through unit level, senior executive, and/or Equal Opportunity Leadership Course (EOLC) training programs					
(1) Is mandatory EO training incorporated into the unit training plan and conducted twice annually?	(I04) para 6-14a(1), (2) to AR 600-20; DA PAM 350-20 Unit Equal Opportunity Training Guide; TC 26-6 Commander's EO Handbook				
(2) Is EO training relevant and beneficial to the needs of the unit?	(I04) para 6-14a(2) to AR 600-20; DA Pam 350-20				
(3) Does the chain of command participate in discussion based training sessions?	(I04) para 6-14a(2) and para 6-14a(3) to AR 600-20				
(4) Is EO training conducted twice annually specifically for officers, senior noncommissioned officers, and civilian supervisors?	(I04) para 6-14a(4) to AR 600-20				
(5) Do unit training records indicate date, time, length of session, topic covered, attendance rosters?	(I04) para 6-14a(2) to AR 600-20				
(6) Have appointed EORs received the mandatory 80 hours EOLC course?	(I04) para 6-6f to AR 600-20.				
d. Complaint Processing					
Focus: Accessibility to assistance when needed, responsiveness by leadership, and accountability by everyone for their own actions					
(1) Are soldiers aware of the commander's complaint procedures for redress of equal opportunity complaints?	(I04) para 6-8.f. to AR 600-20				
(2) Are soldiers utilizing the chain of command as the primary means to resolve EO complaints?	(I04) para 6-8.c.(2)(d) to AR 600-20				
(3) Do soldiers have confidence that they are free of intimidation, harassment, retaliation or reprisal for filing an EO complaint?	(I04) para 6-8p to AR 600-20				
(4) Are EO complaints, whether formal or informal, processed in a timely manner utilizing established procedures?	(I04) para 6-8.c.(1)(b); para 6-8.d.(2); para 6-8.d.(4); para 6-8.g. to AR 600-20				
(5) Are follow-up assessments conducted on all formal EO complaints to assess the effectiveness of corrective actions and to detect/deter any EO Complaints incidents of reprisal?	(I04) para 6-2g(2) and para 6-5 to AR 600-20				
(6) Is final disposition of EO complaints retained on file for a period of two years with the first echelon of command at which an EOA is authorized?	(I04)para 6-8r to AR 600-20				
e. Affirmative Actions					
Focus: Brigade equivalent (those organizations with COL authorization for the Commander position) and higher units have established Affirmative Actions which support the MEDCOM EO program					

Point of Interest	Reference	Yes	No	N/A	Remarks
(1) Have commanders reviewed the unit AAP within 90 days of assuming command and annually thereafter to assess the need for goal revision?	(I04) para 6-2h and para 6-13 to AR 600-20, DA Pam 600-26				
(2) Do AAPs compliment higher command AAPs or host installation AAPs?	AR 690-12, para 2-1; 2-2; 2-3				
(3) Do units required to publish AAPs collect and maintain statistical data for the various AAP subject areas?	(I04) para 6-16 to AR 600-20				
(4) Do units required to publish AAPs submit to higher headquarters a narrative and statistical report on equal opportunity progress annually and EO complaint reports quarterly?	(I04) para 6-16 to AR 600-20; DA Pam 600-26				
(5) Has a copy of the AAP been forwarded to higher headquarters?	(I04) para 6-13d to AR 600-20				
f. Other					
Focus: Pro-active strategies are utilized to implement and assess the EO program					
(1) Is the supporting PAO involved with planning, executing and monitoring EO programs?	(I04) para 6-2g(6) to AR 600-20				
(2) Are special/ethnic observances promoted and supported by unit commanders?	(I04) para 6-2 (Table 6-1) to AR 600-20				
(3) Does the commander employ a variety of assessment tools to determine if potential problems or actual EO abuses exist?	TC 26-6				
(4) Is the supporting IG utilized to assess the EO climate and effects of AAPs?	AR 20-1				
(5) Has the organization developed an Affirmative Action Council to develop, review, and analyze the commander's affirmative actions?	DA Pam 600-26				
T. ARMY SAFETY PROGRAM					
51. Army Safety Program	(For checklist see HSC Supplement 1 to AR 385-10, Appendix B & C				
a. Has the DENTAC/RDC/ADL Commander established an effective safety program? Has the Commander published a safety policy statement? Is the DENTAC safety program conducted IAW current written standards, policies, and guidelines? This may be done in conjunction with the MEDCEN/MEDDAC when a full time safety professional is employed.	HSC Suppl 1 para 2-1k(4)(b) to AR 385-10				
b. Is a unit Safety Officer appointed on orders as a collateral duty?	HSC Supplement 1 para 2-1(a)(3) to AR 385-10				
c. Is there a DENTAC/RDC/ADL safety committee and does it meet at least quarterly? This requirement can be waived if the DENTAC is represented on the MEDCEN/MEDDAC safety committee.	HSC Supplement 1, para 2-1k(4)(b) to AR 385-10				
d. Is there a Safety Training/Education Program?	AR 385-10, para 2-2e				
e. Has the commander established and implemented procedures to carry out the Army accident prevention awards program?	AR 672-74				
f. Has the commander implemented requirements for all supervisory and management level personnel (military and civilian) to be evaluated in their performance appraisals for safety performance?	HSC Supplement 1 para 1-5f to AR 385-10				
g. Are all accidents and unsafe/unhealthful conditions being reported IAW local procedures?	AR 385-40, para 2-3 (See Appendix C Accident Flow chart)				

Point of Interest	Reference	Yes	No	N/A	Remarks
h. Are required occupational safety and health inspections of all patient care areas conducted at least every 6 months ?	HSC Suppl 1 para 4-1a to AR 385-40				
i. Are Safety and Occupational Health Inspections and Surveys (SASOHI) conducted annually of all activities within the command?	AR 385-40 para 4-1a				
j. Is there documented evidence of an effective Civilian Resource Conservation Program? Is the unit meeting its reduction goals?					
k. Are precautions taken to minimize the mercury vapors in the clinics? Are there adequate policies and guidelines for handling mercury and beryllium?	AR 40-10; OSHAs General Industry Standards - 29 CFR 1910				
l. Are Nitrous Oxide (N2O) anesthesia machines and anesthesia gases stored in a locked room or container when authorized personnel are not present in the dental clinic?	HSC Reg 190-1				
m. Are proper anesthesia administration techniques and equipment maintenance being used to minimize exposure to N2O?	DENCOM Policy Nitrous Oxide Conscious Sedation				
n. Are the guidelines followed for the use of nitrous oxide units:	DENCOM Policy Nitrous Oxide Conscious Sedation				
- restricted to 50:50 (Nitrous Oxide/Oxygen)					
- Units capable of delivering greater than 50% nitrous oxide?					
o. Are compressed gas cylinders properly stored, used and handled throughout the DENTAC? Is oxygen tested for quality and certified results indicated on DD Form 1191 before use? Since most clinics do not have O2 testers this must be done prior to delivery of cylinders to clinics.	Appendix C, Section X or HSC Supplement 1 to AR 385-10; AR 700-68; TB Med 245				
p. Is there a written fire plan for each dental clinic that addresses the use and function of fire alarms and detection systems, containment, storage and handling of flammable substances, and the protection of lives including evacuation plans and use of fire extinguishers? Is the fire evacuation plan implemented at least quarterly?	HSC Suppl 1 para 2-2b(2) to AR 385-10; Appendix B to AR 385-10				
q. Are flammable and corrosive liquids correctly handled and stored? Are quantities above working stocks stored in approved flammable and corrosive liquid storage containers?	Appendix C, Section VI to HSC Supplement 1 to AR 385-10; Appendix C Section IX of HSC Suppl 1 to AR 385-10; National Fire Protection Association (NFPA) 30 & 99				
r. Are fire extinguishers checked monthly using HSC Form 267?	Appendix B to HSC Suppl 1 to AR 385-10				
U. SPONSORSHIP AND ORIENTATION PROGRAM					
52. SPONSORSHIP AND ORIENTATION PROGRAM					
a. Has the Commander established a sponsorship and orientation program?	AR 600-8-8, para 1-4				
b. Does the Commander monitor the administration of the programs to ensure compliance?	AR 600-8-8, para 1-4h				
c. Has sponsor training been conducted at unit level?	AR 600-8-8, para 2-3				
d. Are family members included when applicable in the sponsorship program?	AR 600-8-8				
e. Are welcome packets sent to all incoming personnel (includes civilian) within 10 days after the receipt of the Request for Sponsorship?	AR 600-8-8, para 1-8				
f. Were welcome letters from gaining unit Commanders and sponsors enclosed in welcome packet?	AR 600-8-8, para 1-8				

Point of Interest	Reference	Yes	No	N/A	Remarks
V. MENTAL HEALTH EVALUATIONS OF UNIT PERSONNEL					
53. Mental Health Evaluation of Unit Personnel	DoD Directive 6490.1				
Is the commander aware of the guidelines outlined in Department of Defense Directive 6490.1 for referring unit personnel to have a mental health evaluation? Prior to the referred for mental health evaluation the commanding officer shall consult with a mental health professional. No person shall refer a member for a mental health evaluation as a reprisal for making or preparing a lawful communication to a Member of Congress, any appropriate authority in the chain of command of the member, an inspector general (IG), or a member of a DoD audit, inspection, investigation, or law enforcement organization.					
W. MENTORSHIP PROGRAM					
54. Has an Officer Mentorship Program been implemented? Is documentation for program available for review by RDC/DENTAC during staff assistance visits/command assistance visits?					
II. Interest Area: Quality Assurance	AR 40-68 (All reference to AR 40-68 must include Interim changes I01-I03)				
Point of Interest					
A. GENERAL					
1. Has the Commander published a written plan for the Quality Assurance Program that addresses:	AR 40-68, para 3-1, 5-1; (I03)				
a. Patient care evaluation					
b. Credentials review /privileging process					
c. Utilization management					
d. Risk management					
2. Is the plan evaluated annually for overall effectiveness?	AR 40-68, para 3-1				
3. Does DENTAC follow the Calendar of Dental Review Topics to ensure QA reviews are conducted?	AR 40-68, para 5-3, Table 5-1				
4. Does each clinic OIC forward QA reports on a scheduled basis?	AR 40-68, para 5-4, Table 5-1				
5. Has the Commander established a continuous, criteria-based, planned, and systematic monitoring and evaluation process?	AR 40-68, para 3-2, DENCOM MEMO; Dental Quality Assurance Program, 4 Dec 96				
B. PATIENT CARE EVALUATION					
1. Does the DENTAC have a monitoring and evaluation plan to determine the quality and appropriateness of care provided?	AR 40-68, para 3-2, DENCOM MEMO: Dental Quality Assurance Program 4 Dec 96				
2. Are dental record and worksheet reviews conducted monthly?	AR 40-68, para 5-3a				
3. Are drug use reviews, to include prophylactic antibiotics, conducted to ensure that therapeutic agents are being properly prescribed? Are appropriate entries documenting prescribed drugs made in the dental record? Are all adverse drug reactions reported on DA Form 4106(Report of Unusual occurrence)? (Includes intentional and unintentional overdoses)	AR 40-68 para 5-3a(4) and para 3-3a(4). AR 40-2, I02, para 7-5c(9)				
a. Are adverse drug reactions reported to the Chief, pharmacy to ensure review by Pharmacy and Therapeutics Committee (P & T)?	AR 40-2, I02, para 7-5c(9)				

Point of Interest	Reference	Yes	No	N/A	Remarks
4. Is the type/name of metal recorded on SF 603/603A for all inserted dental prosthesis?	TB Med 250 para 5-13 and Fig 5-9, TB Med 148				
5. Do dental records properly annotate quarters referral?	AR 600-6, para 4; TB Med 250 para 5-4				
C. CREDENTIALS/PRIVILEGING					
1. Does the Credentials Committee send its reports directly to the Commander?	AR 40-68 para 5-2.b.				
2. Are all scheduled meetings of the credentials committee announced in writing at least 5 working days before planned date?	AR 40-68 para 5-2.b.(2)				
3. Are all votes by secret ballot for all privileging actions?	AR 40-68 para 5-2.b.(3)				
4. Do the Credential Committee minutes reflect the total vote cast yes and no for each individual considered for privileging?	AR 40-68, para 5-2b(3)				
5. Do the minutes include the names and professional positions held in the facility by the members at the meeting?	AR 40-68, para 2-2				
6. Is the Credentials Committee reviewing the quality of care provided by any practitioner when requested by the Commander? When referred by the QA Committee? When referred by the Risk Manager?	AR 40-68, para 5-2b				
7. Do the committee meeting minutes reflect the names of the practitioners considered before the committee and the determination of their respective clinical privileges (i.e., approval limitation, or revocation)?	AR 40-68, para 2-2b				
8. Has the DENTAC verified information regarding the applicant's licensure, specific training, experience, current competence health and action of QA activities? Action on an individual's application for clinical privileges is withheld until such information is made available and is verified.	AR 40-68, para 4-1f; para 4-6c; para 5-6				
9. Did the military appointee's first duty station receive the AMEDD Officer Procurement Division, U.S. Army Health Professional Support Agency (SGPS-PD) validated packet?	AR 40-68, para 4-6c				
10. Did the MTF commander or his designated representative independently verify the accuracy of Civil Services and contract practitioners' statements regarding his or her medical education, training, experience, and current licensure?	AR 40-68, App B para B-2				
11. Primary source verification is necessary for the following: Dental diploma, residency training, board certification, nitrous oxide and IV sedation training, and initial license for each state license. Primary Source Verification is either an original letter from the educational institution or certifying body attesting to successful completion of specialty training, etc., or verification by telephone communication between the	AR 40-68, para 4-6c				
12. Are unlicensed dental practitioners practicing under supervision?	DoD Directive 6025.13				
a. Did the DENTAC Credentials Committee recommend to the commander that unlicensed officer's be limited to "Supervised Privileges"?	AR 40-68; DENCOM Memo - New Policy Guidelines for Medical Staff Appointment & Privileges - 25 Mar 97				

Point of Interest	Reference	Yes	No	N/A	Remarks
b. Are the limitations of privileges filed in the PCF? Is the "remarks" section of DA Form 5440-1-R properly annotated? Is the Supervisory Plan on the back of 5440-1-R? Does Section III of the PCF contain both a copy of the credentials minutes and a letter of notification from the commander to the individual? Only the sections of the credentials minutes pertaining to the individual will be placed in section III. All other material must be whited out.					
c. Are primary and alternate supervisors appointed?	DoD Directive 6025.13				
d. Has a copy of DA Form 2499 (Health Care Provider Action Report) been included with the supervisory plan submitted to HQ MEDCOM (MCHO-CL-Q) through MCDS (DENCOM)?	DA Form 2499 (issued at OTSG)				
13. Has the status of privileges been properly applied?	AR 40-68, para 5-5; DoD Directive 6025.13; DENCOM Memo - New Policy Guidelines for Medical Staff Appointment and Privileges - 25 Mar 97.				
a. Are regular privileges given to Reserve practitioners assigned to the DENTAC for annual training?					
b. Are temporary privileges granted for a period of not more than 30 days to practitioners when time constraints will not allow full credentials review?					
Has the mandatory requirement for verification of licensure and current competence been accomplished prior to granting temporary privileges?					
c. Have PCFs been updated to reflect the appropriate (new) terminology for Clinical Privileges? (Regular, Temporary, or Supervised)					
d. Are supervised privileges granted for periods not to exceed 24 months without renewal?					
14. Are privileges properly delineated?	AR 40-68, para 5-5; DoD Directive 6025.13				
a. Is the Credentials Committee evaluating and either reinstating or modifying the privileges of all individually privileged practitioners at least biennially?	AR 40-68 para 4-8e(1)				
b. Is the delineation of privileges reasonably comprehensive and not stated simply as a specialty designation?	AR 40-68, para 5-6a				
c. Is the determination of regular privileges based upon the individual's education, professional license or other authorizing document, experience, current competence, ability to perform requested privileges, and judgment? Do privileges exceed a 24 month period without renewal?	DoD Directive 6025.13 Clinical Quality Management Program (CQMP); Guidelines for Medical Staff Appointments and Privileges in DoD				
d. Is evaluation and reinstatement or modification (extension or limitation) of privileges based on education, training, experience, thorough appraisals of clinical performance, privileges specifically requested in writing by the practitioner, and professional conduct.	AR 40-68, para 5-6 and para 4-8e; DoD Directive 6025.13 Clinical Quality Management Program (CQMP); Policy Guidelines for Medical Staff Appointments and Privileges in DoD.				

Point of Interest	Reference	Yes	No	N/A	Remarks
e. Before an ARNG or USAR member assumed his or her duties, did the responsible Credentials Committee review the member's PCF and grant appropriate privileges?	AR 40-68, para 6-1; DoD Directive 6025.13 Clinical Quality Management Program (CQMP); Policy Guidelines for Medical Staff Appointments and Privileges in DoD				
f. Dental Residents, Training Credentials File (TCF)	AR 40-68, para 5-5c and para 4-8h				
(1) Have the professional qualifications(i.e., education, training, and experience) and any other standards been clearly stated?					
(2) Have the working relationships, clinical duties, and responsibilities (scope of patient care services) granted been spelled out in a written statement that can be expanded, modified, or canceled as needed?	AR 40-68, para 5-5c and para 4-8h				
(3) Has the Credentials Committee approved the professional qualifications required and the scope of patient care services granted to a professional category?	AR 40-68 para 5- 5.c. and para 4-8.h.				
(4) Is each individual meeting the requirements of the category evaluated at least annually by the supervising dentist in conjunction with the clinic chief to determine renewal of privileges?	AR 40-68 para 4-8.h.(2)				
(5) Are the DENTACs training mentors in residencies and fellowships completing DA Form 5374-R (Performance Assessment) and DA Form 5441-1-R	AR 40-68 para 4-8.i.(3)				
(Evaluation of Clinical Privileges) showing those privileges felt warranted at the resident's firstDENTAC assignment based on performance during training? Is the file sent by certified mail to the gaining facility to arrive 15 days prior to PCS?					
15. Is evaluation of privileges accomplished with timeliness and appropriateness?	AR 40-68, para 4-8				
a. Are Evaluation of Privileges (DA Forms 5441-1-R) and Performance Assessment (DA Form 5374-R)completed at least every 2 years, when a practitioner changes station, and following periods of temporary privileges delineation?	AR 40-68 para 4-8.e.				
b. When privileges are modified because of reappraisal, the reason is stated under "Comments" on DA Form 5441-R?	AR 40-68 para 4-8.e.(c)				
c. When the practitioner requests modification of his or her clinical privileges for the upcoming period, is it documented in the "Remarks" section of the DA Form 5440-R-series prepared for the period?	AR 40-68 para 4-8.f.				
d. Is any education or training taken since completion of the DA Form 4691-R (Initial Application for Clinical Privileges) or last DA Form 5440A (Delineation of Privileges Record)validated? Is substantiating documentation in parts IV or VI of the PCF?	AR 40-68 para 4-11.a.				
e. Is the DA Form 5374-R completed in duplicate by the clinic chief with copy furnished the practitioner?	AR 40-68 para 4-8.e.(2) & (7)				
f. Is a copy of the completed DA Form 5441-1-R given to the practitioner?	AR 40-68 para 4-8.e.(7)				
g. Are evaluations (DA Form 5441-R) on ARNG and USAR practitioners done during annual training and following each duty period for 5 or more days?	AR 40-68 para 6-8				
16. Practitioner Credentials File (PCF)					
a. Is the PCF maintained in a six-part file in reverse chronological order?	AR 40-68, para 4-11				

Point of Interest	Reference	Yes	No	N/A	Remarks
(1) Section I (Current National Practitioner Data Base report within 24 months)	DoD Directive 6025.14; DoD Directive 6025.15				
(a) DA Form 4691-R (Initial Application for Clinical Privileges)	AR 40-68, para 4-11				
(b) DA Forms 5440-1-R (Delineation of Privileges-Dentistry) and DA Forms 4692-R (Clinical Privileges Annual Evaluation)(past) in reverse chronological order					
(c) DA Form 5440A-R (Delineation of Privileges Record)					
(d) DA Forms 5441-1-R (Evaluation of Privileges)					
(e) DA Form 5754-R (Malpractice and Privileges Questionnaire)	AR 40-68 (I03)				
(f) HSRA Forms 532 (Request for Information Disclosure) and 532-1 (Request for Information Disclosure--Supplement)					
(2) Section II					
(a) DA Form 5374-R (Performance Assessment)	AR 40-68, para 4-11				
(b) Letter of commendation					
(3) Section III--Documents of adverse action	AR 40-68, para 4-11				
(a) Letters of notification					
(b) Letters of acknowledgment					
(c) Hearing summary or minutes					
(d) Investigation reports					
(e) Adverse statements, to include National Practitioner Data Bank reports within 24 months.					
(f) Letters of decision					
(g) Malpractice claims reports					
(h) Copies of any other adverse information					
(4) Section IV--Continuing dental education certificates, lectures given, papers published, etc.					
(5) Section V--DA Forms 5440-R-series, 5441-R-series, and 5374-R from previous MTFs or privileges granted at civilian agencies, if applicable.					
(6) Section VI--Copies of diplomas, certificates, licenses, BCLS (CPR), etc. Verification- (see AR 40-68 par 4-6c)	AR 40-68, para 4-11 and para 4-6c				
b. Is the PCF released only to the MTF or DENTAC commander, the Credentials Committee, and reviewing authorities? Have other releases been authorized by the practitioner?	AR 40-68, para 4-11b				
c. Are PCFs containing any adverse privileging actions sent to HQ MEDCOM (MCHO-CL-Q) at the time of separation from service? Note: Separation differs from discharge. The Officer is unable to join the USAR if separated for adverse privileging actions. However, if he/she is discharged (even under adverse privileging action) he/she may join the USAR.	AR 40-68, para 4-11b				
d. Does the PCF reflect the entire service career of the military practitioner?	AR 40-68, para 4-11c				
e. When the practitioner changes station or employment, is the losing DENTAC sending the file by certified mail to the commander of the receiving DENTAC no later than 15 days before the practitioner's reporting date?	AR 40-68, para 4-3				

Point of Interest	Reference	Yes	No	N/A	Remarks
f. If the practitioner changes station to an administrative position involving no clinical practice or attends a civilian or military school (other than graduate medical or dental education), is the file sent to HQ MEDCOM (MCHO-CL-Q)? If a practitioner is attending a civilian graduate education program, is a copy of the PCF sent to the civilian institution and the original to HQ MEDCOM, (MCHO-CL-Q)?	AR 40-68, para 4-3b				
g. For Individual Ready Reserve (IRR), USAR members, is ARPERCEN forwarding the file by certified mail to the DENTAC where the reservist will perform AT or ADT?	AR 40-68, para 6-3b(3)				
h. Are gaining ARNG or USAR units requesting the PCF from the last DENTAC?	AR 40-68, para 4-11c				
i. For disposition at separation or retirement are original PCFs forwarded to USAR Components Personnel and Administration, ATTN: ARPC-OPS-QA?(After 5 years, the PCF may be destroyed)	AR 40-68, para 4-11e(3); I03				
(1) Military Practitioners. Is a copy kept at DTF for 1 year?	AR 40-68, para 4-11e2				
(2) Civilian Practitioners-retain in last DTF of employment and destroy 5 years after termination of employment.	AR 40-68, para 4-11e, I03				
j. Are ARNG and USAR organizations initiating the PCF? Is USAR or ARNG Application for Clinical Privileges To Perform Active or Inactive Duty Training (DA Form 5753-R) included?	AR 40-68, para 6-3				
17. Are the policy/guidelines for privileging in parenteral techniques of conscious sedation being followed?	DENCOM Policy-Nitrous Oxide Conscious Sedation FY 98; DENCOM Policy - Parental Techniques (IV) of Conscious Sedation FY 98				
18. Does the Credentials Committee meet at the discretion of the Commander at least annually? Are separate minutes prepared? Are the minutes signed by the Credentials Committee Chairman and approved by the next higher commander.	AR 40-68, para 5-2b(2)				
D. UTILIZATION MANAGEMENT					
1. Does the DENTAC have a Utilization Management (UM) Program/plan?	AR 40-68, para 3-4a				
2. Is the authority and responsibility of those involved in the performance of UM activities, to include corrective action, defined?	AR 40-68, para 3-4a(3)				
3. Are UM activities and findings reported to the QA Committee? Does the UM program describe methods for identifying and monitoring UM activities?	AR 40-68, para 3-4a(2) and (3)				
4. Does the UM program review and analyze, at least annually, efficiency of appointment schedules, sick call hours, examination hours and patient waiting times?	AR 40-68, para 3-4a and b				
5. Are failed appointment rates analyzed at least quarterly, and if above established levels are corrective actions taken?	AR 40-68, para 5-3b(1)				
6. Is there an ongoing evaluation of equipment and facility usage to ensure maximum efficiency?	AR 40-68, para 3-4b(9) and (10)				
7. Is pertinent information activities such as PBAC, CEEP and MEDCASE incorporated into the UM program? Is there an annual assessment of equipment and a five year replacement plan?	AR 40-68, para 3-4b(9) and (10)				
8. Are dental laboratory turn around times monitored?	AR 40-68, Table 5-1				
9. Is the use of supplies monitored periodically?					
E. RISK MANAGEMENT PROGRAM					

Point of Interest	Reference	Yes	No	N/A	Remarks
1. Is there a risk management program in place which is concerned with accident and injury prevention and the lowering of financial losses after an incident has occurred?	AR 40-68, para 3-5a and b				
2. Are all incidents investigated by priority?	AR 40-68, para 3-5a(1)				
3. Are DENTAC records (SF 603/603a, etc) copied and given to the risk manager within 48 hours of the request or as soon as the priority system will allow?	AR 40-68, para 3-5c(6)				
4. Is professional review accomplished within 14 days?					
5. Does the risk manager's report (or committee minutes, when there is a committee) summarize activities to include problem trends with recommendations and status of claims and potentially compensable incidents?	AR 40-68, para 3-5d(2)				
6. Are practitioner specific findings reported to the Credentials Committee?	AR 40-68, para 3-5d(2)				
7. Is there evidence that the overall effectiveness of the RM program is reviewed quarterly with the QA Committee chairperson?	AR 40-68, para 3-5a				
8. Is there a tracking log that monitors corrective actions?	AR 40-68, para 3-5d(2)				
9. OCCURRENCE SCREENING: Is there a system in place for the DENTAC to perform occurrence screening systematically?	AR 40-68, para 3-7a(3)				
a. Is a DA Form 4106 (Quality Assurance/Risk Management Document) prepared and submitted to the Clinic Chief within 24 hours?	AR 40-68, para 3-5b(3)				
b. Does the risk manager receive the report within 48 hours? Sooner if the incident requires immediate follow-up.	AR 40-68, para 3-5b(3)				
c. Is the DA Form 4106 factual and objective providing full details of the incident in a concise manner? The report should not contain an analysis of the cause of the incident.	AR 40-68, para 3-5b(4)				
d. If the incident is related to a patient's condition, is an appropriate medical/dental record entry made that states the patient's injury and action taken for the patient and not just that the incident or accident occurred?	AR 40-68, para 3-5b(2) and (6)				
e. Is RDC/DENCOM immediately notified telephonically when there is potentially substandard care or possible provider negligence resulting in a serious medical/dental incident? Are written reports properly sent thru (MCDS) to HQ MEDCOM (MCHO-CL-Q)?	AR 40-68, para 5-5e (2) I03				
f. Is DA Form 4106 (Quality Assurance/Risk Management Document) used whenever a serious dental incident occurs?	AR 40-68, para 3-5b(3)				
g. Are all dental incidents resulting in monetary award to a claimant properly reported thru HQ, DENCOM to HQ, MEDCOM (MCHO-CL-Q).					
h. Are appropriate risk management concerns communicated to safety management personnel?	AR 40-68, para 3-5d(1)				
F. RADIOLOGIC QA	TB Med 521; AR 40-5; AR 40-14				
1. Is there a documented radiologic QA Program?	TB Med 521, para 2-10f(1), para 2 1.c(6); AR 40-5, para 9-4b(1)				
2. Is the DENTAC performing quarterly checks to ensure proper marking and orientation of panographic films? Each panograph must be labeled with "L" on the patient's left side and/or "R" on the right. Are the checks documented?	TB MED 521				
3. Has the commander insured that annual instruction has been provided in radiation protection practices and in the biologic effects and risks of ionizing radiation exposure?	TB MED 521 para 1-14; AR 40-5 para 9-9.a. & b.; TC 8-20-1 (Dental Specialist)				

Point of Interest	Reference	Yes	No	N/A	Remarks
4. Has documentation been maintained indicating participation of appropriate personnel in inservices education, on the job training and outside workshops?					
5. Are technique charts, cooling curves, and tube rating charts posted?	TB Med 521 para 2-10f(4)				
6. Are radiographs taken only after evaluation of pertinent history and need established by Dental Officer?	TB MED 521, para 2-10i, para 2-9c				
7. Are all lead aprons checked/inspected at least semi-annually and checked/inspected at least annually for safety defects? Are aprons properly placed/stored when not in use to prevent damage?	TB MED 521 para 2-9f				
8. Are student x-ray technologists supervised?					
9. Has a radiation protection survey been conducted prior to the use of new x-ray equipment or facility?	TB MED 521 para 2-1.1				
10. Is there a current radiation protection survey for existing facilities?	TB MED 521, para 2-4.2				
11. Are all interlock systems, "on-off" beam mechanisms, and safety and warning devices checked and serviced at least every 6 months?	TB MED 521, para 2-4g				
12. Are appropriate warning signs posted?	AR 40-5, para 9-9d				
13. Is there a retake log which includes examination, projection, room, reason and technologist? (E.G., 1 Jan, PA #12, Endo, missed Apex, PDS.) Is this log reviewed weekly?	TB MED 521 para 2-10f(5)				
14. Is there a daily evaluation of the index of speed, index of contrast, solution temperatures and base plus fog? Sensitometer/Densitometers may be used for this or a step wedge test.	TB MED 521, para 2-10f(9)				
15. When working with film processing chemicals do personnel wear aprons, gloves and splashproof eyewear and is there an approved emergency eye lavage available? Do conditions require an emergency shower? If so, is one available?	Title 29, CFR 1910.15(c) and 1910.132(a)				
16. Are DD Forms 1141 (Record of Occupational Exposure to Ionizing Radiation) or, preferably, Automated Dosimetry records being maintained?	AR 40-14, para 6-3a				
17. Is the film badge storage area designated in writing by the RPO.					
18. Are view boxes checked quarterly for consistency of light output?	TB MED 521, para 2-10f(13)				
19. Are individual panographic cassettes radiographically identified and numbered and right or left side marked. Are evaluation of film-screen contact, screen conditions, light leaks and film-screen combinations done at least quarterly?	TB MED 521, para 2-10f(12)				
20. Is there an RPO and an A-RPO for the DENTAC? The DENTAC Commander may appoint his own personnel or use MEDDAC/MEDCEN staff.	AR 40-5, para 9-4b(1); AR 40-14				
21. Has a qualified expert surveyed each x-ray system within the last 3 years?	TB MED 521 para 2-4a(2)				
G. 1990 CRIME CONTROL ACT					
1. Has every civilian hire (both civil service and contract) who is involved in direct patient care of patients under the age of 18 had a criminal history background check? (both a fingerprint check through the FBI and checked against State Criminal History Repositories)	DOD Directive 1402.5				
2. Is Line of Sight Supervision being utilized for those individuals whom the criminal history check has not yet been completed?	DOD Directive 1402.5				
3. Has coordination been made with the servicing Civilian Personnel Office to identify positions (either filled, vacant, or prospective), subject to the requirements of this act?	DOD Directive 1402.5				

Point of Interest	Reference	Yes	No	N/A	Remarks
III SECURITY					
A. SECURITY CLEARANCE CHECKLIST					
1. Is a Security Manager appointed in writing? Is he/she familiar with appropriate regulations?	HSC Suppl 1 para 13-304 to AR 380-5; HSC PAM 380-2, Section II-1				
2. Does the Security Manager maintain liaison with the supporting MEDCEN/MEDDAC Security Manager to ensure that required support is provided?	HSC Suppl 1 to AR 380-5; Table 7-1, AR 380-67				
3. Are newly assigned personnel, who are granted access to classified information, given an initial and periodic security orientation? Is the Classified Information Nondisclosure Agreement (SF 312) being maintained for all cleared personnel?	AR 380-5, w/HSC Suppl 1 para 10-101, 10-102, and 10-103; AR 380-67, para 9-200				
4. Is a copy of the current Security Clearance Access Roster on file for ready reference?	HSC Suppl 1 to AR 380-5, para 7-200a and e				
5. Is supporting MEDCEN/MEDDAC Security Manager advised of adverse suitability/loyalty information pertaining to DENTAC personnel whether or not they are currently holding a security clearance?					
6. Are personnel who had access to classified information and who terminate (retire or resign) employment debriefed?	AR 380-5, para 10-105				
7. Are classified documents stored at the DENTAC? If so:					
a) Are they stored in a GSA approved security container?	AR 380-5, para 5-101				
b) If SECRET and/or Confidential documents are stored:	AR 380-5, para 5-102b				
(1) Is a classified document custodian appointed in writing?	HSC Suppl 1 to AR 380-5, para 7-301d				
(2) Are "accountable" classified documents properly maintained, logged, inventoried, receipted, and destroyed?	HSC PAM 380-2, Appendix S				
8. Are all reproduction machines (Xerox, etc.) properly posted with warning signs to control or prohibit reproduction of classified material?	HSC Suppl 1 to AR 380-5, para 7-305c(2)				
9. Are classified documents destroyed by use of an approved shredder or incinerator?	AR 380-5, Chap IX, Appendix K				
10. Are all personnel within the DENTAC who may receive or store information on non-affiliated persons and organizations acquainted with the restrictions on maintaining information on non-affiliated persons and organizations? Is a "policy book" maintained?	HSC Suppl 1 to AR 380-13, (30 Sep 74) under revision.				
B. PHYSICAL SECURITY					
1. Does the local key control plan include DENTAC procedures?	HSC Reg 190-1, para 21				
2. Has a Key Control Officer been appointed in writing? Have Key Custodians been appointed where required?	HSC Reg 190-1, para 21.a and b				
3. Does each Key Control Officer and Key Custodian maintain an accurate written inventory of all keys under their purview (including unissued keys)?	HSC Reg 190-1, para 23b				
4. Are keys signed in/out on DA Form 5513-R (Key Control Register & Inventory) or other system described in HSC Reg 190-1?	HSC Reg 190-1, para 23.f.				
5. Are all unissued keys appropriately stored and controlled?	HSC Reg 190-1, para 23g				

Point of Interest	Reference	Yes	No	N/A	Remarks
6. Are key control registers (DA Form 5513-R) reconciled upon change of shift or close of business and missing or unaccounted for keys reported?	HSC Reg 190-1, para 23n(1)				
7. Are padlock and key inventories conducted by serial number semiannually? Are personal retention keys inventoried on a "show basis" at least monthly?	AR 190-51; HSC Reg 190-1, para 23n(2) and (5)				
8. Are keys issued for personal retention held to an absolute minimum and have they and the persons (positions) issued to been specifically designated by the Commander?	HSC Reg 190-1, para 23.c				
9. Is a Physical Security Officer appointed by the DENTAC? Has a Physical Security Plan been developed and coordinated with the installation?	HSC Suppl 1 to AR 190-13, para 1-24a(6) & (7)				
10. Are biennial physical security inspections conducted by the Provost Marshall? Has the commander requested this inspection? Has the commander designated mission essential or vulnerable areas?	AR 190-13, para 2-8; HSC Reg 190-1				
C. INFORMATION SYSTEMS SECURITY:	AR 380-19, (Aug 90)				
1. Are Security Managers at all activities appointed Activity Information Systems Security Managers (ISSM)?	HSC Suppl 1 para 1-6d(2) to AR 380-19				
2. Are Information Systems Security Officers appointed for each MEDCOM Information System or groups of systems?	AR 380-19, para 106d(3)				
3. If needed, are Terminal Area Security Officers appointed?	AR 380-19, para 1-6d(4) and (5)				
4. Are employees subjected to personnel security investigations as required?	AR 380-19, para 2-17a				
5. Are security briefings conducted?	AR 380-19, para 2-16a and b				
6. Are passwords generated, issued and controlled?	AR 380-19, para 2-15				
7. Has each system been evaluated as to sensitivity and officially designated?	HSC Suppl 1 para 2-2 to AR 380-19				
8. Has a risk assessment or analysis been conducted?	HSC Suppl 1 to AR 380-19 para 5-3				
9. Has an accreditation document been prepared, reviewed and approved?	HSC Suppl 1 to AR 380-19, para 3-5, Appendix IX (c)				
10. Has a statement of accreditation been issued and dated?	HSC Suppl 1 to AR 380-19 Figure 3-1, & para 3-5e, para 3-8d				
11. Has the system(s) been reaccredited as required?	HSC Suppl 1 to AR 380-19, para 3-6				
IV LOGISTICS					
A. MEDICAL MATERIEL					
1. Under the Prime Vender system, are stock levels maintained at 3-4 days?					
2. Are Prime Vender and reorder points correct based on demand history?					
3. Does the DENTAC maintain an expendible DA Form 2064 (Document Register for Supply Items) or equivalent document register for each clinic?	AR 40-61; DA PAM 710-2-1, para 2-19				
4. Is an Appointment of Ordering Officer Memo used for Prime Vender? Is it updated when personnel change?					
5. Does the DENTAC update its TAMMIS due out roster with the medical materiel officer monthly?	HSC PAM 710-3, para 3-8; AR 40-61, para 8-6				

Point of Interest	Reference	Yes	No	N/A	Remarks
6. Is the DENTAC maintaining a quality control register? Are all U.S. Army Medical Materiel Agency (USAMMA) quality control messages on hand?	AR 40-61, para 2-13				
7. Is DENTAC reporting defective medical materiel in accordance with AR 40-61?	AR 40-61, para 3-70, 71, 72				
8. Are unused needles and syringes stored in locked containers and keys closely controlled? (Used needles and syringes should not be stored in the same cabinet or container as unused items.)	AR 190-51; Physical Security Handbook (Update)				
9. Are used needles and syringes disposed of in proper red non- penetrable containers?	DENCOM PAM 40-5-1; 29 CFR 1910.1030(d)(4)(iii)(A)				
10. Are physical security procedures for medical gases (oxygen, CO2, and Nitrous Oxide) being followed?	AR 190-3, para 16				
11. Are monthly controlled item inspections being done for pharmacy items and emergency drug kits?	AR 40-2; AR 40-1, para 7-21; AR 40-61, para 3-57b; MEDCOM PAM 700-1 (CLRT check list)				
12. Are dental clinics maintaining informal fund control registers? The HSC Form 213-R, Informal Commitment Ledger, can be used to set up an informal ledger. This is a "checkbook type" record showing amount of funds provided, committed, and balance remaining.	HSC Reg 37-3				
13. Has MEDCOM approval been obtained prior to any alteration, modification, or diversion from intended use of a DTF?	AR 40-2; AR 40-1, para 7-21; AR 40-61, para 3-57b; MEDCOM PAM 700-1 (CLRT check list)				
B. Property Management:	AR 40-61; MEDCOM PAM 700-1				
1. Does the Dental Activity have a 5-year medical equipment replacement program?	AR 40-61, Appendix C, Table C1				
2. Have property inventories been completed annually or upon change of primary hand-receipt holders?	AR 40-61, para 4-18				
3. Are suspense files being maintained for temporary hand receipts? (DA Form 2062(Hand Receipt/Annex Number)/DA Form 3161 (Request for issue or turn-in)	AR 40-61; DA PAM 710-2-1, para 5-3 and para 5-4 (contained in Unit Supply Update 2-14 dated 28 Feb 94)				
4. Are excess equipment and furniture being properly identified, reported to the MEDDAC for command-wide advertisement, and turned in when not redistributed?	AR 40-61, para 3-46				
5. Are technical inspections being done on medical equipment prior to being turned in as excess?	AR 40-61				
6. Has DENTAC coordinated site preparation requirements through property management office prior to receipt of equipment?					
C. PRECIOUS METALS AND PRECIOUS METAL-BEARING and SCRAP (PMBS)					
1. Has the DENTAC Commander established an internal Precious Metal Recovery Program (PMRP). Has this program been coordinated with the MEDCEN/MEDDAC PMC?	AR 40-61, para 3-49 and para 54e; AR 755-3, para 4c and d				

Point of Interest	Reference	Yes	No	N/A	Remarks
2. Has a DENTAC precious metals coordinator (PMC) and alternate been appointed in writing? Has a Primary Precious Metals Monitor (PMM) been appointed at each clinic and an alternate at each lab or site within the clinic utilizing and/or generating precious metals (x-ray lab, ceramic lab, etc)?	AR 40-61, para 3-54e; AR 755-3, para 4c and d				
3. Does the DENTAC PMC/alternate maintain a document register (DA FORM 2064) and enter all requisitions, receipts, issues, and turn-ins of precious metals and PMBS? NOTE: Register will be maintained IAW PAM 710-2-1.	AR 40-71, para 3-54f; AR 755-3, para 4c(5); DOD Directive 4160.21-M Chapt. VI & XVIII; DA PAM 710-2-1 (contained in Unit Supply UPDATE 2-14)				
4. Is the Stock Accounting Record (DA Form 1296) being kept by the DENTAC PMC/alternate to post receipt and turn-ins of PMBS? Only required if PMBS is stored prior to turn-in or PM are stored for further distribution to other clinics/labs. (Stored in this case means kept overnight or longer.)	AR 40-61, para 3-57b; AR 755-3				
5. Are all clinic/labs alternate PMMs utilizing the Controlled Substance Record (DA Form 3949) to document receipts and issues of precious metals and turn-ins of PMBS to DENTAC PMC?	AR 40-61, para 3-54g				
6. Is the document register for supply actions (DA Form 2064) and all supporting documents being kept for the current year plus three past years?	AR 40-61				
7. Does the monthly inventory officer inventory all precious metals and PMBS monthly down to clinic/lab every month?	AR 40-61, para 3-57b				
8. Is all PMBS being provided adequate storage to prevent pilferage and/or abuse?	AR 190-51; Physical Security Handbook; AR 40-61, para 3-54b and para 3-56b(3)				
9. Is all PMBS being weighed and the net weight entered on the turn-in document? Is silver flake/sludge being weighed and the "dry" net weight entered on the turn-in document?	AR 40-61, para 3-54f and g				
10. Does DD Form 2322 (Dental Laboratory Work Authorization) indicate amounts and types of precious metals issued, used and returned?					
11. Has a unique block of document numbers been assigned by the Property Book Officer for turn-in of PMBS to the MEDCEN/MEDDAC PMC?	AR 40-61, para 3-54f				
12. Are silver alloy capsules being managed as Note Q items? (Standard controlled substances are identified by Notes R & Q in the notes column of the Federal Supply Catalog, DOD Section, Medical Material)	AR 40-61, para 3-54c				
D. SENSITIVE ITEMS					
1. Are Controlled Substances Records (DA Form 3949 and 3949-1) being used by all activities which have controlled substances? Separate sections are required for Note R ((Schedule II) and Note Q Schedules III, IV, V) items.	AR 40-61; AR 40-2; AR 190-51; AR 190-13				
2. Has a physical security inspection of mission essential or vulnerable areas (MEVA) been conducted when required (but at least every two years)?	AR 190-13, para 2-4d(3) and (4) and para 2-10				
3. Has a local files check been done of personnel who are assigned duties that require access to controlled medical substances and sensitive item storage areas?	AR 190-51, para 4-3a(1)				
4. Are all controlled medical substances w/(Note R - Schedule II, Note Q - Schedules III, IV, V) stored appropriately?	AR 190-51, para 4-6, 4-7, 4-8, 4-18; AR 402 (I02) Appendix D-4(b)				
E. Medical Maintenance					

Point of Interest	Reference	Yes	No	N/A	Remarks
1. Are scheduled preventive maintenance inspections being accomplished?	HSC Reg 750-1, para 1-10c				
2. Is DA Form 2407 (Maintenance Request) being maintained on all items being turned for repair?	HSC Reg 750-1, para 1-11d				
3. Is there a suspense system to ensure that the Commander is aware of outstanding work orders and the period that the work orders have been outstanding?	HSC Reg 750-1, para 1-13				
F. OCIE/WHITES					
1. Are duty white uniforms being maintained on the DA Form 3645/3645-1 for all required personnel? (Clothing Records are usually maintained by Medical Proponency and not DENTAC. Should be addressed in an MOU.)					
2. Do all soldiers and Department of the Army Civilian (DAC) employees requiring duty white uniforms have the authorized number of sets?	CTA - 50-900; AR 670-1				
3. Are clothing inspections being accomplished for all newly arrived E4s and below.	AR 700-84, para 11-2 (contained in Unit Supply Update 2-14 dated 28 Feb 94)				
V. INTEREST AREA: MOBILIZATION					
1. Has the DENTAC prepared a dental annex to the installation mobilization plan as well as a dental annex to the MEDCEN/MEDDAC mobilization plan? Are these documents reviewed for currency at least every two years?	MEDCOM Reg 500-5-3 Feb 96 (draft approved - pending publication)				
2. Has the DENTAC Commander provided input for dental staffing in the activity MOBTDA? Is it accurately reflected in the final document?	MEDCOM Reg 500-5-3 Feb 96				
3. Is the DENTAC commander providing mission letter to dental augmentation personnel assigned to the Installation Medical Support Unit (IMSU). Are copies available in the files and are they being used for annual training System Part 3, guidance as applicable?	MEDCOM Reg 500-5-3 Feb 96				
4. Are clinic plans for extended shifts (16-24 hours) for mobilization supported by plans for increased medical maintenance and has this been coordinated with the MEDCEN/MEDDAC medical maintenance section/division?	MEDCOM Reg 500-5-3 Feb 96; MEDCOM Reg 10-1				
5. Does the DENTAC commander participate as a member of the MEDCEN/MEDDAC Mobilization Planning Committee?	HSC Reg 15-6				
6. Is the DENTAC commander, in his role as installation Director of Dental Services, familiar with his role in support of installation deployment missions? Has he developed an SOP or plan for these requirements with assistance from available DIMAs/IMAs?	MEDCOM Reg 10-1, para 1-10				
7. Has the DENTAC Commander considered his area support role in mobilization planning? (e.g., support of reserve component training centers, support of troop movements as they traverse through the health service area, support of troops at distant training sites, etc.)	MEDCOM Reg 10-1				
8. Has the DENTAC Commander appointed, on orders, a Director of Dental Services for each Power Projection/Support Platform (PPP/PSP) within the RMC? Has he furnished the appointed officer a listing of required duties and directed development of a SOP for the location?	MEDCOM Reg 10-1; MEDCOM Reg 500-5-3-Feb 96				
9. Has the DENTAC Commander provided for a training plan for individual refresher training for mobilizing RC enlisted personnel?	HSC Mobilization Planning System Part 3, Vol II, War Trace Program and Unit Guide				

Point of Interest	Reference	Yes	No	N/A	Remarks
VI. Interest Area: Training, Readiness, and Continuing Education					
1. Are all health care personnel who provide or assist in patient care trained and certified in BLS?	DENCOM Policy-Wartime Emergency Medical Treatment Training - FY 98; DA PAM 40-13, Table B-1				
2. Has the DENTAC developed an annual unit training plan/training schedule? Are mandatory training requirements met? (Includes MEDCOM/HSC requirements)	AR 350-1, para 1-8u (under revision); AR 350-41, para 3 and Appendix B; HSC 350-4; FM 25-100				
3. Has the DENTAC implemented procedures to maintain proficiency in first aid and emergency medical treatment?	DENCOM Policy- Wartime Emergency Medical Treatment Training - FY 98; DA PAM 40-13, para 7 and Table 1				
4. Is training in first aid and emergency medical treatment documented on the Dental Corps/Officers Training Management checklist and filed in the PCF. Is documentation forwarded to the gaining command with the PCF?	DENCOM Policy-Wartime Emergency Medical Treatment Training - FY 98; DA PAM 40-13; MEDCOM Reg 10-1, para 1-9b(16)				
5. Is there command emphasis on the management and operation of local continuing education programs?	AR 351-3, para 1-4(d); DENCOM Policy Continuing Health Education - FY 98				
6. Has a Director of Dental Education been appointed?	AR 351-3; DENCOM Policy Continuing Health Education - FY 98				
7. Do all dentists receive 30 hours of Continuing Education yearly? (Twenty hours must be Category I)	AR 351-3; DENCOM Policy - Continuing Health Education - FY 98				
8. Are Soldier's Manual, and Job Book on hand?	AR 350-1(Under revision)				
9. Are all dental personnel reviewing "Standards of Conduct" semiannually?	DOD 5500.7R Aug 93				
10. Does each dental officer have a copy of the latest NATO Handbook of Emergency War Surgery?	AR 40-3, para 17-5a and b(1)				
11. Has required Common Task Test (CTT) been accomplished and documented?	MEDCOM Memo: Notice for Common Task Test (CTT) 03 Oct 97; Soldier's Manual of Common Tasks Oct 94 (STP 21-1-SMCT); soldier's Manual of Common Tasks, Oct 92 (STP 21-24-SMCT)				
VII. Interest Area: Reserves/IMA					
1. Is coordination being accomplished between RDC/ DENTAC and Reserve Components for annual training and IDT when possible? (Mutual Support Program)	AR 140-30				

Point of Interest	Reference	Yes	No	N/A	Remarks
2. Does the Commander utilize his IMA during annual training and throughout the year?	AR 140-145				
3. Are OER and NCOER for IMA correctly controlled?	AR 623-105, para 7; AR 623-205				
4. Have reserve component practitioners been properly privileged?	AR 140-30, para 5-3; AR 40-68, I03, para 6-3; DOD Directive 6025.13				
5. Does the MEDCEN/MEDDAC coordinate training requirements for IMAs appropriately with the RDC/DENTAC?					
6. Does the RDC/DENTAC update current personal data from each IMA during annual training?	DA PAM 600-8, para 9				
Interest Area:					
Personnel Operations Branch:					
Functional Area/Subordinate Area: Individual Mobilization Augmentee (IMA) Section					
7. Are required references on hand?					
a. AR 140-145 Individual Mobilization Augmentation (IMA) Program, dated 23 Nov 94	AR 140-145				
b. AR 135-210, Order to Active Duty as Individuals for Other Than a Presidential Selected Reserve Call-up, Partial of Full Mobilization, dated 31 Dec 96	AR 135-210				
c. ARPERCEN/ARPERSCOM Pamphlet 140-145, Individual Mobilization Augmentation (IMA) Handbook, dated 30 Jun 97.	ARPERCEN/AR PERSCOM Pamphlet 140-145				
d. MEDCOM Table of Distribution and Allowances (TDA) Unit Status Report (USR) Guidance Document, dated Dec 96	MEDCOM TDA USR Guidance Document Dec 96				
e. Current unit/subordinate unit ARPERCEN/ ARPERSCOM Orders and Resource System (AORS) IMA Register	AORS IMA Register				
f. Orders file for all IMAs assigned to unit and subordinate units	Orders file for IMAs				
g. Copy of unit and subordinate unit's current table of distribution and allowances (TDA) and mobilization table of distribution and allowances (MOBTDA)	TDA and MOBTDA				
8. IMA Management					
a. Is there a designated IMA coordinator for the unit and all subordinate units?					
b. Are the Annual Training (AT) periods scheduled by the unit, staff section in direct coordination with the IMA?					
c. Are IMA Annual Training (AT) request for orders (DA 2446) submitted within the 60 day time frame to ARPERCEN/ARPERSCOM?					
d. Are OER/NCOER rating schemes published for IMA positions and available for review?					
e. Are the scheduling and performance of all authorized inactive duty training (IDT) periods by Drilling IMA (DIMA) soldiers coordinated directly between the soldier and the assigned unit/section?					
f. Are DIMA IDT performance appropriately documented on DA Form 1380 (Record of Individual Performance of Reserve Duty Training)?	DA Form 1380				
g. Is DA Form 1380 for DIMAs prepared and submitted to ARPERCEN/ARPERSCOM within 72 hours following the completion of the scheduled training?					

Point of Interest	Reference	Yes	No	N/A	Remarks
h. Is a current DA Form 577 (Signature Card) maintained for all personnel authorized to sign DA Form 1380 certifying duties performed during DIMA IDT periods?	DA Form 577				
i. Are all valid IMA and Individual Ready Reserve(IRR) Augmentee positions been cross leveled onto the most current approved MOBTDA?					
j. Are staff sections and departments notified on a regular basis of the status of IMAs who are assigned to a particular area? (Includes assignments and reassignments)					
k. Are IMAs accounted for and properly reported on the facility TDA USR?					
l. Are IMAs given an entrance and exit briefing during their AT period with their immediate supervisor?					
VIII. PROFIS AND AC/RC PROFIS					
1. Are commanders meeting their requirements to ensure that appropriate actions have been taken for personnel designated in the PROFIS program?	AR 601-142, para 4h and I				
2. Are changes promptly made to the PROFIS Filler Roster upon departure or change to a new position?	AR 601-142, para 6b				
3. Are all filler personnel Soldier Readiness Program (SRP) qualified?	AR 601-142, para 4e(3)				
4. Does the Dental Activity have a plan or program to support the family members of deployed PROFIS personnel?					
IX. Interest Area: Records Management					
1. Are records filed separately by patient category? Active Duty 40-66b; retirees 40-66ii; family members 40-66jj.	AR 40-66, Table 4-4; AR 25-400-2				
2. Is there a Cross Reference Card Index System for outpatient records? Alpha roster permitted for active duty records.	AR 40-66; para 4-4c(3)				
3. Are records accounted for during inprocessing and outprocessing of personnel? Records will be screened upon arrival.	AR 40-66; AR 40-35 para 6-4.b(1), para 6-4.c(1)(a)				
4. Are Dental Records classified using the Class 1-4 System?	AR 40-35, para 6a				
5. Are incoming Dental Records reviewed? Is the review entered on SF 603? Soldiers with Dental Fitness Class 3 will have the condition causing potential emergency described in the SF 603. Class 3 and 4 individuals will receive expedited treatment so they do not remain in Class 4 over 60 days or in Class 3 over six months after arrival.	AR 40-35, para 6b(4)(c) and para 6c(1)(b), para 6c(2)(c); TB MED 250				
6. Are aviators meeting the minimum standard of Dental Fitness Category 2 as defined by AR 40-3 and AR 40-35? Are dental conditions for temporarily suspending aviators flying duty properly applied?	AR 40-501, para 2-5 and para 4-6				
7. Are records of AD personnel screened against current rosters semiannually?? Has DENTAC conducted a 100% audit of AD records annually to ensure accuracy of dental fitness classification?	AR 40-66; AR 40-35, para 6, para 6c, para 6f				
8. Are Dental Health Records being properly disposed of?	AR 40-66, para 3-7, para 4-4a(5); AR 25-400-2, para 5-9				
9. Is the records "charge-out" system utilized properly and out records followed up in a timely manner?	AR 40-66, para 4-6, para 6-8				

Point of Interest	Reference	Yes	No	N/A	Remarks
10. Are all HREC properly annotated when soldier released, discharged from service?	AR 40-66, para 5-18a(3)				
11. Do all AD records contain a diagnostic quality panographic x-ray? Is x-ray filed on left side of record?	AR 40-66, para 5-18; AR 40-35, para 6c; AR 40-3, para 10-4; AR 220-1 Appendix D, Table D-1; AR 600-8-101, para 4-3c and para 5-2; TB MED 250, para 2-2b(3)				
12. Are DENTAC Commanders assisting USAR & ARNG in acquiring panographic radiographs?	DENCOM Policy - Dental Records and Panographic Radiographs for USAR and ARNG Personnel FY 98				
13. Have patients with significant medical conditions been identified on the front of the Dental Record Folder with DA Label 162 (Emergency Medical Identification Symbol)?	AR 40-66, para 6-7f; AR 40-15				
14. Is the Dental Record Folder correctly marked?	AR 40-66, para 6-2; TB MED 250				
15. Does each Record Jacket contain a signed Privacy Act Statement?	AR 40-66, para 5-4, and para 4-4a(9)				
16. Is SF 522 (Request for Administration of Anesthesia and for Performance of Operations and other Procedures) properly completed? Section B-1 should contain documentation of treatment to be rendered in lay terms for each course of treatment.	AR 40-66, para 5-4; AR 40-3				
17. Is there a records review/audit committee? Is there a cross audit with the Daily Treatment Logs?	AR 40-3, para 10-6; AR 40-66, para 10-2 and para 10-7				
18. Are medical adjunctive patient records properly identified? Do their records indicate what authority authorized this care? Is a physician's certification included?	AR 40-3, para 4-15.h. (1) & (2)				
19. Are correct entries made upon initiation of SF603 for basic trainees?	AR 40-66, para 5-18a(1); TB MED 250				
20. Are approved abbreviations used on SF 603?	TB MED 250 Appendix B				
21. Are orthodontic treatment procedures entered on SF 603? being	TB MED 250, para 5-18				
22. Are the proper entries used on the SF 603/603A when administering nitrous oxide conscious sedation? Are SF 522 (Request for Administration of Anesthesia & Performance of Operations & Other Procedures), and OF 517 (Optional Form-Anesthetic Record) being used in intravenous sedation cases?	DENCOM Policy-Nitrous Oxide Conscious Sedation FY 98; DENCOM Policy-Parental Techniques (IV) of Conscious Sedation FY 98; TB MED 250 para 5-16				
23. Are all dental records labeled as to which clinic is custodian?	AR 40-66, para 1-4				
24. Are temporary records properly made up using manila folders? Is date record initiated on folder? Is record converted to new HREC after 60 days?	AR 40-66, para 5-25, a, b, c, and para 6-3				
X. Interest Area: Clinical Operations					
A. CATEGORIES OF CARE					
1. Is the Dental Activity complying with the priorities of dental care?	AR 40-3, para 10-5				

Point of Interest	Reference	Yes	No	N/A	Remarks
a. Does the DENTAC have published guidelines? Has a patient handout been developed? Is there a "stand-by" appointment system?	AR 40-3, para 10-6c; TB MED 250, para 6-2d				
b. Are DENTAC personnel aware of dental care authorized for the various categories of allied military training (AMT)?	AR 12-15, para 10-47 (Under revision)				
2. Has the DENTAC implemented DEERS? Are required eligibility checks being performed? (25% of all dental visits) Dependent eligibility verification required for each visit unless a 30 day eligibility verification is requested. Each clinic must establish auditable procedures to trace when last eligibility verification was performed. Are retired service members checked annually?	DOD Reg 1341.1-M para 5b & para 1.b.(9)				
3. Are patients referred to civilian dentists only as authorized?	AR 40-3, para 15-8; DOD 5500.7R Aug 93				
4. Are claims for civilian dental care in excess of \$500. appropriately authorized?	AR 40-3, para 10-10. I02				
5. Are third party payment insurance companies being billed when appropriate?					
6. Is orthodontic care for active duty personnel being properly initiated?	DENCOM Policy-Orthodontic Care FY 98; AR 40-3 Table 2-1				
7. Are the policies directing the use of dental implants in DTFs being properly followed? Is there written implant protocol on file and approved by the RDC Commander? Has the requirement been met for annual Dental Implant Report through DENTAC Commander to RDC?	DENCOM Policy - Use of Dental Implants FY 98				
8. Are qualification forms for (Medical and Dental Preparation for Overseas Movement) being reviewed by the Dental Activity.	AR 600-8-101 para 6-36, Table 6-13				
9. Prior to any major change in medical services or capabilities by a DTF was the DENCOM/RDC notified?	DOD (HA) Policy 97-053; DOD Directive 6015.23				
a. A change in current volume of care within any medical specialty or clinic which will last for 6 months or more, and which comprises 10% or more workload for large facilities and 50% or more for small facilities for one or more categories of beneficiaries.					
b. A change which may stimulate significant local public or congressional objections such as decreasing, terminating or reinstating services.					
X. Interest Area: Clinical Operations					
B. HIV					
1. Are records of HIV positive patients handled appropriately?					
a. Not routinely labeled as special category.	DENCOM Policy- Dental Management of Human Immunodeficiency Virus Infected Patients FY 98;				
b. DA Label 162 (Emergency Medical Identification Symbol) on front of record jacket. (IAW AR 40-15)	AR 600-110 (under revision)				
c. On health questionnaire "Blood Donor Ineligible V72.62."	AR 600-110 para 2-10.c.				
d. No requirement to enter test results on SF603.	AR 600-110 para 2-10.				
2. Has a POC been appointed to coordinate the dental management of HIV infected patients and the education of Dental Health Care Workers (DCHW)?	DENCOM Policy- Dental Management of Human Immunodeficiency Virus Infected Patients FY 98				
X. Interest Area: Clinical Operations					

Point of Interest	Reference	Yes	No	N/A	Remarks
C. WORKLOAD REPORTING					
1. Are reports submitted in a timely manner?	DA PAM 40-16				
2. Is HSC Form 35R being completed correctly?	HSC PAM 40-11				
3. Is there a functional audit system to ensure that the Dental Service Report, Daily Treatment Log, and the SF 603 accurately reflect accomplished work?	DA PAM 40-16				
4. Is lost time due to failed/cancelled appointments being properly entered on HSC Form 035R?	HSC PAM 40-11, para 4-1				
5. Is workload certified by the commander? Is workload certified in a timely manner?					
X. Interest Area: Clinical Operations					
D. NUCLEAR/CHEMICAL PERSONNEL RELIABILITY PROGRAM (PRP)					
1. Has the DENTAC Commander coordinated with the MEDCEN/MEDDAC	HSC Suppl 1 to AR 50-6, para 1-				
2. The DENTAC Commander is responsible for maintenance and accountability of all dental records of personnel in the NPRP/CPRP.	HSC Suppl 1 to AR 50-6, para 1-4s(2)				
3. Are current copies and changes of Nuclear/ Chemical Duty Position Rosters maintained?	HSC Suppl 1 to AR 50-6, para 1-4t(3)				
4. Are Dental Records of personnel in the PRP maintained separately from other dental records? Is there a cross reference system using chargeout cards?	HSC Suppl 1 to AR 50-6, para 3-18				
5. Has a PRP training program been developed and implemented? (Coordinate with N/C Surety Office). Have personnel working with PRP received training no later than 30 days after identification to PRP duties? A record of training must be maintained.	HSC Suppl 1 to AR 50-6, para 1-4t(2)				
6. Recommend the commander appoint in writing a DENTAC Nuclear/Chemical Surety Officer to act as liaison and point of contact with commanders of supported units who have personnel in PRP. Otherwise, the MEDDAC N/C Surety Officer must do this for the DENTAC.	HSC Suppl 1 to AR 50-6, para 1-4m				
7. Are communications with the PRP certifying official effected promptly whenever any individual is observed for any incident or condition that might result in restriction from PRP duties or disqualification? This includes prompt notification to commander of any prescribed medication that may tend to detract from the ability of an individual to perform his/her assigned nuclear/chemical duties.	AR 50-6, para 2-20				
a. Immediately notifying the PRP unit commander orally or by telephone and making a note of this action on the SF 603.	AR 50-6, para 2-19				
b. Is the oral or telephonic notification followed up in writing sent "EXCLUSIVE FOR" the unit commander by the fastest means?	AR 50-6, para 2-19, para 2-14, and para 2-15				
8. For personnel in the Nuclear/Chemical Surety Program, does the dental record contain DA Form 4515 as the top document on the right side of the folder? DA Form 3180 filed on the left had side of the dental record?	AR 50-6, para 2-18 and para 2-9b; AR 40-66				
X. Interest Area: Clinical Operations: Infection Control					
E. Sterilization/Infection Control					

Point of Interest	Reference	Yes	No	N/A	Remarks
1. Does the DENTAC have a written Infection/Control Program? Is it updated at least annually?	TB MED 266; DENCOM PAM 40-5-1; Infection Control/Exposure control Plan, FY 98				
a. Where is it kept? It should be accessible to all employees.					
2. Does the DENTAC have a written exposure control plan? Where is it kept? It should be accessible to all employees. How is it updated (at least annually)? Who is responsible? Are employees familiar with content and location	29 Code of Federal Regulation (CFR) 1910.1030(c)(1); 20 CFR 1910.20(e); 29 CFR 1910.1030(c)(1)(iv); 29 CFR 1910.1030(g)(2); DENCOM PAM 40-5-1, Infection Control/Exposure Control Plan, FY 98				
3. Are employees/job titles categorized IAW OSHA requirements?	29 CFR 1910.1030(c)(1)(ii)(A)(c)(2)(I)				
a. Are tasks and/or procedures defined for employees who are in the classification of "some exposure"?					
4. Hepatitis B Vaccination:	29 CFR 1910.1030(c)(1)(ii)(B)(f); 29CFR 1910.1030(f); 29 CFR 1910.20; HA Policy #97-006; AR 40-5, para 4-5d				
a. Where are records kept?					
b. All military personnel vaccinated?					
c. Are all civilian healthcare providers vaccinated for Hepatitis B?					
e. Are United States Public Health Service (USPHS) recommendations followed?					
f. Is vaccination data in employee medical record?					
5. Is copy of 29 CFR 1910.1030 (Bloodborne Pathogen Standard) available for employee?	29 CFR 1910.1030(g)(B)(2)(vii)(A)				
a. Where is it kept?					
6. Is a schedule of implementation present?	29 CFR 1910.1030(c)(1)(ii)(B)				
7. Are procedures for evaluating exposure incidents present in the plan?	29 CFR 1910.1030(c)(1)(ii)(C)				
8. Methods of compliance:	29 CFR 1910.1030(b); 29 CFR 1910.1030(d)(1)				
a. Universal Precautions observed on a routine basis? No "special treatment rooms or special appt times", etc.					
9. Are engineering and work practice controls in place, in use, and evaluated by inspections and monitoring and evaluation type studies.	29 CFR 1910.1030(b); 29 CFR 1020.1030(d)(2)(ii); 29 CFR 1910.1030(d)(4)(iii)(A)1				
a. Sharps procedures:	29 CFR 1910.1030(d)(2)(xiv)				
(1) Type of container: A) How is "full" determined? B) What is the turn-in procedure? (2) Location of container: A) Is sharps container in laundry area?					
b. Barrier technique:					
c. Personal protective equipment:					
d. Other:					

Point of Interest	Reference	Yes	No	N/A	Remarks
10. Is needle recapping justified in the exposure control program and specific technique for other than two-handed recap specified? No bending, shearing, or other needle manipulation before disposal.	29 CFR 1910.1030(d)(2)(vii)				
11. Are handwashing facilities available in area of procedures. Proper handwashing technique utilized (before and after donning gloves, before leaving area, etc.)? No washing of disposable gloves.	29 CFR 1910.1030(d)(2)(iii) and (v); 29 CFR 120.1030(d)(3)(ix)(B)				
12. Are specimen containers properly labeled if contents may be infectious or contain tissue or fluids covered by this standard that have not been rendered non-infectious? Teeth fall under the packaging and labeling of this standard.	29 CFR 1910.1030(d)(2)(xiii); OSHA Instruction 2-2.44C, M4b(8)(b)				
13. Is contaminated equipment decontaminated before maintenance or repair procedures? If decontamination not possible, equipment tagged or labeled properly. Who trained DEH or Medical Maintenance personnel?					
14. Is Personal Protective Equipment provided and maintained by employer?	29 CFR 1910.1030(d)(3); American National Standards Institute (ANSI) Standard Z87.1				
a. Eye protection:					
1) Projectiles:					
2) Splash:					
b. Garments:					
c. Masks:					
d. Gloves:					
1) Disposable:					
A) Alternatives:					
2) Utility:					
e. Resuscitation devices:					
g. Other:					
15. Is the level of PPE based on procedure, not type of patient?	29 CFR 1910.1030(d)(3)(I)				
16. PPE should not worn out of the work area. PPE should be removed or covered before entering "clean" area.	29 CFR 1910.1030(d)(3)(vii)				
17. No food, drink, smoking, cosmetics or contact lens manipulation in work area.	29 CFR 1910.1030(d)(2)(ix)				
18. Is routine cleaning schedule maintained? Bins, pails, etc. that could reasonably be anticipated to become contaminated cleaned and decontaminated on a regular basis?	29 CFR 1910.1030(d)(4)(I)(d)(4)(ii)(c)				
19. Is surface disinfection based on contamination created by procedure? Protective covering used properly?	29 CFR 1910.1030(d)(4)(ii)(A)(B); OSHA Instruction 202.44C, M.4.d(2)(a)2; Center for Disease Control and Prevention 1993; Recommendations for Infection Control Practices for Dentistry				
Is selection of surface disinfectant based on CDC, ADA, and OTSG guidelines? (Tuberculocidal, PA Registered, ADA approved).					
20. Reusable sharps:	29 CFR 1910.1030(d)(4)(ii)(E); 29 CFR 1910.1030(d)(2)(viii)				

Point of Interest	Reference	Yes	No	N/A	Remarks
a. Employees should not reach into containers containing contaminated, reusable sharps (commonly stored in ultrasonic cleaner).					
b. Biohazard warning on all ultrasonic cleaners.					
c. Ultrasonic cleaners run with lids in place.					
21. Laundry:	29 CFR 1910.1030(d)(4)(iv)				
a. Method for turn-in and collection IAW OSHA standards?					
b. Bagging or shipping container and method of shipping IAW OSHA Standard?					
c. Proper handling of contaminated laundry, proper PPE used by handlers?					
22. Regulated Waste:	29 CFR 1910.1030(b); 29 CFR 1910.1030(d)(4)(iii)(B); CDC (see #19); State and Local Environmental Guidelines				
a. Definition clear to employees?					
b. Collection bins/bags properly marked or color coded?					
c. If treated, is it acceptable to local and state guidelines.					
d. Improper use of regulated waste containers?					
23. Post Exposure Evaluation/Follow-up:	29 CFR 1910.1030(f)(3); (f)(3)(I); (f)(5)				
a. Is plan in writing and do employees seem familiar with proper reporting and how to receive the PE evaluation?					
b. Is reporting exposure incidents discouraged by supervisors?					
c. Who is health care provider responsible for the evaluation?					
d. Is the employee given written opinion within 15 days of examination?					
e. Is exposure incident documented and investigated?					
24. Are labels use properly to identify biohazard areas?	29 CFR 1910.1030(g)(1)				
25. Training: a. Is initial training documented for all employees?	29 CFR 1910.1030(g)(2); (g)(2)(ii)(C); (g)(2)(vii)(B-N); (g)(2)(vii)(J)(h)				
b. Are the areas required by the OSHA standard covered?					
c. Are proper records maintained?					
d. Is additional training provided when new techniques or exposure tasks introduced?					
e. Is a question/answer period documented in the training record?					
f. Is annual training documented for all employees?					
g. Is training provided in handling an emergency body fluid spill?					
26. Sterilizer Log:	TB MED 266; AR 40-19; CDC (see #19)				
a. Proper documentation present at each autoclave?					
b. Biologic monitor used at least weekly and in correct manner? Results reported to QI committee at least annually?					
c. Proper maintenance on sterilizer?					
27. Instrument packaging:	TB MED 266; AR 40-19; CDC (see #19)				
a. Proper expiration dates?					
b. Proper packaging?					
c. First in-First out storage?					

Point of Interest	Reference	Yes	No	N/A	Remarks
d. Proper storage and packaging maintenance?					
28. Water lines flushed properly (3-5 minutes at beginning of day, 20-30 seconds between patients)?	CDC (see #19)				
29. Surface Disinfection Techniques:	CDC (see #19); ADA Current Guidelines; 29 CFR 1910.1200 Hazard Communication Standard; TB MED 266				
a. Are employees familiar with HAZCOM information and use guidelines?					
b. Any storage of cotton fiber cleaning pads in disinfectant?					
c. Uncovered disinfectant containers?					
d. Glutaraldehydes used properly:					
1) Immersion only					
2) Proper timing					
e. Is proper reuse information for product being followed?					
30. Dental Laboratory Infection Control:	CDC (see #19); 29 CFR 1910.1030				
a. Clean vs. Dirty Lab concept?					
b. Are proper disinfection steps used prior to entering lab or in the case receiving area?					
c. Are policies enforced properly?					
d. What requirements are placed on DHCW entering the production area in the laboratory?					
X. Interest Area: Clinical Operations: Hazard Communication					
F. Hazard Communication					
1. Does a written program exist?	29 CFR 1910.1200(e)(1)-(f); DENCOM PAM 385-1-1 (Hazard Communication Program), 1 May 97				
a. Does it describe labeling?					
b. Does it describe how hazards of unlabeled pipes will be handled?					
c. Is training mentioned?					
d. List who and how on-site contractors will be advised of hazardous chemicals?					
e. Is the plan available to all employees at any time?					
f. Is a copy of 29 CFR 1910.1200 available?					
2. Is a list of hazardous chemicals present?	29 CFR 1910.1200(e)(1)(I); DENCOM PAM 385-1-1 HAZCOM, 1 May 97				
a. Is this list available during all work shifts for all employees or contract workers, even after hours?					
b. Is this list cross referenced to all labels and MSDSs?					
3. Does the chemical inventory include:	29 CFR 1910.1200(e)(1)(I)				
a. Metals that are melted or used in a manufacturing process?					
b. Waxes that are used in lost-wax technique casting?					
c. Gases, to include Carbon Monoxide?					
d. Cleaning supplies?					

Point of Interest	Reference	Yes	No	N/A	Remarks
4. Labeling:	29 CFR 1910.1200(f)(1)(I); (f)(5)(ii); (f)(9); (f)(8); (h)(2)(iv); DENCOM PAM 385-1-1 HAZCOM, 1 May 97				
a. Does primary and secondary labeling match the chemical inventory and the MSDS file?					
b. Are portable or temporary containers labeled if used by more than one employee or by more than one work shift?					
c. How are labels updated, who is responsible for ensuring secondary labels are accurate?					
d. Are labels in English?					
e. Are target organ effects on secondary labels?					
f. Are unreadable or defaced labels replaced immediately? Who is responsible for primary label replacement if it becomes necessary?					
g. Do employees know the purpose of secondary labeling?					
h. Are old labels COMPLETELY removed prior to using a container for holding a different chemical?					
i. Are containers with embossed labels (raised or molded into the container) discarded and never reused with a different chemical?					
j. Is use of medical or pharmaceutical containers for secondary containers discouraged?					
5. MSDSs:	29 CFR 1910.1200(g)(1); (g) (5-6); (g)(6); DENCOM PAM 385-1-1 HAZCOM, 1 May 97				
a. Is an MSDS available for every hazardous chemical in use?					
b. What procedure exists for updating an existing MSDS? Who is responsible?					
c. How is receipt of a new chemical and MSDS handled in reference to updating the chemical inventory and training involved employees?					
d. What procedure is taken if no MSDS arrives with a new chemical?					
e. How is effort to obtain MSDS from a manufacturer documented?					
6. Are non-routine tasks identified (spills, etc.)??	29 CFR 1910.1200(e)(1)(ii)				
a. Is training for spill clean-up or other proper procedures provided?					
b. Is a "spill team" defined?					
7. Training	29 CFR 1910.1200(h)(1)(iii); (h)(2)(iv); (h)(2)(iii); (h)(2)(I); (h)(2)(iii); (h)(2)(ii); DENCOM PAM 385-1-1, 1 May 97; American National Standards Institute (ANSI) Standard Z358.1-1991: American Standard for Emergency Eyewash and Show Equipment				
a. Does training include location of local HAZCOM program, chemical inventory, and MSDSs?					
b. Is reading labels and MSDSs covered in training?					

Point of Interest	Reference	Yes	No	N/A	Remarks
c. Proper PPE for hazardous chemicals?					
d. Methods and observations that can be used to detect the presence or release of hazardous substances into their work environment?					
e. Emergency procedures in the event of accidental exposure, ie., emergency telephone numbers, location and operation of eye wash stations and/or emergency showers?					
f. Are all eyewash and emergency showers adequate?					
g. Is training Unit wide or site/job specific?					
h. If site/job specific is proper training provided if an employee changes location or job?					
i. Is information on physical and health hazards of the chemicals in the workplace					
8. Are chemicals stored in proper facilities and sorted by compatibility groups in the storage facility?	DENCOM PAM 385-1-1 HAZCOM, 1 May 97; 29 CFR 1910.1200				
G. HAZARD ASSESSMENT OF THE WORKPLACE					
1. Has the Commander done (+ documented) a Hazard Assessment of the workplace. Have employees been trained in use of personal protective equipment required by the assessment and is it documented.	General Industry Standard; 29 CFR 1910.132-138				
X. Interest Area: Clinical Operations					
H. ORAL HEALTH FITNESS PROGRAM					
1. Has the Dental Fitness Program been implemented, and does it receive full command support?	AR 40-35, para 5				
2. Is the Dental Fitness Report done semi-annually?	AR 40-35, para 6f and para 10a (IO1)				
X. Interest Area: Clinical Operations					
I. PREVENTIVE MEDICINE/ARMY HEALTH PROMOTION					
1. Are health care providers integrating hypertension screening and tobacco use counseling as part of the routine dental exams?	AR 600-63, para 2-11b(5) and para 202c (IO1)				
2. Is the Commander/Director of Dental Services a member of the installation Health Promotion Council (HPC)?	AR 600-63, para 3-2b(5)				
3. Have all AMEDD personnel been immunized against Hepatitis B virus? Have all DOD civilian personnel; including trainees, volunteers, and other temporary staff, with duties involving direct patient contact who were hired or began activity on or after 1 January 1997 been immunized for Hepatitis B?	AR 40-5, para 4-5(d); DENCOM Memo (22 Apr 97); DOD (HA) Policy #97-006				
4. Are used needles/syringes disposed of in closed one-way puncture resistant containers, securely mounted to building structure? (Decentralized procedures require written exception.) Is this container treated as regulated medical waste and disposed IAW AR 40-5?	AR 40-5, para 11-7; DENCOM Pam 40-5-1				
X. Interest Area: Clinical Operations	NOTE: All dental clinics located in hospitals are subject to JCAHO guidelines.				
J. EMERGENCY KITS					

Point of Interest	Reference	Yes	No	N/A	Remarks
1. Are emergency drug kits available?	Joint Commission on Accreditation of Health Care Organization (JCAHO) TX.3.5.5				
2. Are they inventoried monthly by the Pharmacy to ensure they are adequate and current? Are they properly sealed?	JCAHO TX.3.5.5				
3. If defibrillators are present within dental facilities, are they tested? Are operators trained?	JCAHO EC .1.8				
X. Interest Area: Clinical Operations					
K. IV Sedation					
1. Do all HCP's who are using parenteral techniques of conscious sedation (IV sedation) possess the proper credentials to be privileged in this technique?	DENCOM Policy; Parental Techniques (IV) of Conscious Sedation FY 98				
2. Are paraprofessional staff properly trained in monitoring and recovery techniques of IV Sedation patients?	DENCOM Policy-Parental Techniques (IV) of Conscious Sedation - FY 98				
3. Is adequate documentation on the paraprofessional training protocol and attendance available?					
4. Is there a written DENTAC protocol or SOP? Are written preoperative and postoperative instructions used? Are written discharge criteria available in the SOP?					
XI. Interest Area Dental Prosthetic Production Operations					
1. As a safety precaution against projectiles in the dental prosthetic laboratory, are the following precautions taken:	29 CFR 1910.242(b) (General Industry Standards); 29 CFR 1910.242(b)				
a. Entrance labeled IAW AR 385-30?					
b. Protective eyewear provided all personnel?					
c. Safety shields provided for all grinding, buffing, and polishing lathes?					
d. During clean-up procedures when positive pressure air hoses are used, do all personnel wear protective eyewear?					
e. Is compressed air used for cleaning purposes reduced to less than 30 p.s.i.?					
f. Are all dry operation grinding and polishing lathes equipped with standard hoods and dust collector units or a part of a system having dust collectors?					
2. Are laboratory operations using liquids or pastes (e.g., methyl methacrylate) known to liberate potentially harmful gases or vapors conducted in a laboratory hood providing exhaust ventilation (away from the workers breathing zone) of at least 100 cubic feet per minute per square foot of hood face opening?					
3. Are boil-out ovens used to eliminate wax from molds exhaust vented or vented to the outside?					
4. Are flammable liquids, acids or corrosives stored in the lab? Are approved and separate storage cabinets provided and clearly labeled?	HSC Suppl 1 to AR 385-10; National Fire Protection Association (NFPA) 30 and 99				

Point of Interest	Reference	Yes	No	N/A	Remarks
5. Are properly designed/approved (consult local Safety Manager) eye lavages and deluge showers or deluge hoses provided for employees protection? Are their locations posted with highly visible signs? (Deluge showers are required if acids or other hazardous chemicals requiring rapid rinse from skin or eyes are used. If this is not the case but the lab is large enough, a deluge shower should be installed. Deluge hose is permissible if the room is small and hazardous chemicals are not used.)	HSC Suppl 1 to AR 385-10; 29 (C) CFR 1910.151; ANSI Standard Z358.1-1991				
XII. Interest Area: Dental Education Committee (DEC)					
1. Where there are formal training programs has a DEC been formed?	AR 351-3, para 5-11				
2. Has Commander appointed someone beside himself as Chairman of Education Committee in order to keep appeal authority?	AR 351-3, para 5-4				
3. Does the DEC meet monthly? Maintain minutes reflecting evaluation of goals, progress, and accomplishments?	AR 351-3, para 5-12c				
4. Minutes must reflect:	AR 351-3, para 5-12c				
a. Approval of teaching plans.					
b. Approval of research projects, papers, studies.					
c. Recommendation of short absences.					
d. Recommendation of attendance at short courses.					
e. Recommendation for award of certificates.					
f. Professional activities and events paragraph.					
g. Quarterly evaluation of officer students:					
1) Specific recommendation noted in minutes.					
2) Copy DA XXXX-R filed or equivalent.	(DA Form XXXX-R replaced DA Form 1970-R and is available on Forms Flow)				
3) Copy DA XXXX-R forwarded when appropriate or equivalent.					
5. Following conferences are required:	AR 351-3, para 5-14; DENCOM Policy-Continuing Health Education FY 98; DENCOM Policy-Wartime Emergency Medical Treatment Training FY 98; DA PAM 40-13				
a. Twelve professional staff conferences.					
b. CPC - monthly.					
c. Departmental conferences.					
d. Lit Review - monthly.					
e. Clinical demonstrations.					
f. Training in Wartime Medical Treatment					
XIII. Interest Area: Army Audit Agency (AAA)					
1. Report of excess equipment was being accomplished as required by AR 40-61.	AR 40-61 Section VII 3-42; AR 40-61				

Point of Interest	Reference	Yes	No	N/A	Remarks
2. Required safety equipment was on hand and not used.					
3. Scrap precious metals were turned in or audited as required by AR 40-61.	AR 40-61, para 3-49; DOD 4160.21-M; AR 755-3				
4. Workload of laboratory technicians was monitored.	AR 40-68, Table 5-1				
5. Soldiers were used in positions in line with their military positions or training.	AR 614-200				
6. Are multiple treatment rooms used by dentists for patient care?	AR 40-68, para 5-3b(3); TB MED 250 para 6-2b				
7. All soldiers did receive annual examinations.	DENCOM Policy-Standardization of Dental Classifications FY 98				
8. Sufficient action was taken to discourage and reduce missed appointments?	TB MED 250 para 6-2d				
9. Reports listing soldiers participation in the oral health fitness program were accurate.	AR 40-35, para 6				
10. Time spent treating patients was recorded properly on appointment schedules.	AR 40-68, para 5-3b1; TB MED 250, para 6				
11. Available treatment time not spent with patients was properly recorded on daily treatment logs.	HSC PAM 40-11				
12. Unfilled appointment time was properly reported on the daily treatment log.	HSC PAM 40-11				
13. Actual name of care provider was always used on the DoD daily treatment log.	HSC PAM 40-11				
14. Patient and care provider names were not included in various committee reports.	AR 40-68, para 2-2b and para 3-5d				
15. A quality assurance problem log was maintained.	AR 40-68				
16. Deficiencies noted during record reviews were adequately documented or corrected.	AR 40-68, para 5-3a; DA PAM 40-16				
17. Was Risk Management Program formalized?	AR 40-68, para 3-1 and para 5-1 (I03)				
18. Utilization reviews were performed to evaluate resource, time, or space management.	AR 40-68, para 5-3b; AR 40-68, para 3-4				
19. The dental care assessment program of the QA Program had been adequately implemented.	AR 40-68, para 5-1				
20. Annual evaluation of the QA plan had been accomplished.	AR 40-68, para 5-2j				
21. Record reviews should cover administrative concerns and also be used as one of the key tools in dental care assessment.	AR 40-66, para 10-2; AR 40-3, para 10-7				
22. Guidelines on how many and which records to review should be established by the DENTAC.	AR 40-68, para 5-3a(3)				
23. Chargeout cards must be used for all dental records not returned to the main records files at the end of the day that the patient was treated.	AR 40-66, para 4-6				
24. Before contract employees were hired were other alternatives explored: e.g., civil service employees, TDY, cross-leveling, etc.					
XIV. Interest Areas: Spreading the Word					
1. Are all members of the command familiar with the contents of the DENCOM Newsletter?	www.dencom.army.mil				
2. Are all members of the command familiar with the contents of the DENCOM Commanders Guide?					

Point of Interest	Reference	Yes	No	N/A	Remarks
3. Are all members of the command familiar with the U.S. Army Dental Command Policies?					

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------

Point of Interest	Reference	Yes	No	N/A	Remarks
-------------------	-----------	-----	----	-----	---------
